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DR. WICHMANN'S OBSERVATIONS *on the* NETTLE-RASH FEVER; *translated from the German, by* T. M. WINTERBOTTOM, M. D.

FEBRIS Urticata differs from Urticaria only in the continuance of the disease and in the fever; for the eruption is precisely the same in both. The fever has slight paroxysms, which however allow the patient to keep out of bed; but is attended with no particular symptom, except an insupportable itching, and a frequent sensation of anxiety, sometimes accompanied with a slight belly-ache. In the chronic state of the disease, the eruption frequently disappears, and after an uncertain period, affects some other part, and in this manner alternates for months. In the febris urticata the eruption is always present and continues several days, but when these are past, it disappears and returns no more. In the febris urticata, the eruption is commonly greater than in the urticaria, spread over a larger surface, and in a violent degree of the disease the face is swoln and disfigured by the confluent bumps or tumours; the hands and feet are also so much tumefied that the patient can scarcely bend his hand. Sometimes, though rarely, a salivation comes on, which with the itching and burning eruption is very troublesome. The utmost limits of the fever are nine days, and it yields to such mild remedies, that I shall no longer dwell upon it, but proceed to consider the disease in its chronic state.

In some, the eruption continues without any fever only for a few days, in others for an indeterminate time of weeks, months, and even years: that is, it frequently disappears during this long period for several days; again returns, and again disappears, but the disposition to the disease still continues. In some subjects, during the whole time, some of the eruption is visible on the skin. One child

child teased me for two entire years, and another exhausted my patience for nearly four years. Heberden has seen it continue for two years in different patients, with very short intervals, and in some from seven to ten years. (Medical Transact. vol. ii. p. 175.)

The name of this disease, like that of Pemphigus, is very characteristic in several languages; and when mistaken, it arises from the skin not always assuming the same appearance as when stung by a nettle, insect, &c. For it is still urticaria, though very different in appearance from the sting of a nettle or the bite of an insect: 1. When long, red, hard stripes, like the stroke of a whip, appear on the skin. 2. When the whole surface of the back appears of a brown red, and the painful itching alone distinguishes it from scarlet fever. 3. When the bumps in the face run so much together, as to cause the face to swell, and bear no resemblance to the insulated discrete appearance excited by the bites of insects. Another appearance in which the eruption nearly resembles itch, will afford an opportunity of treating it more fully.

The urticaria, whether acute or chronic, is visibly elevated above the skin, is hard, firm, solid, more of a dead pale colour than red; in the centre it is almost white, contains no fluid, and is neither elevated into a point (or stigma), nor covered with a crust; it likewise never suppurates. This is not perfectly exact in the bite of an insect, where the bump or tumour is frequently not so smooth and level, but has a small elevation. The usual circumference, when the papulæ stand single, is seldom larger than the nail of a finger, and often less; but when they touch, the skin is raised, for the size of the hand, and they produce in the part such a degree of swelling, that they can no longer be recognized for papulæ, (what the English call wheals) but the whole figure of them becomes very irregular and undescribable. Perhaps my readers, who have not seen them, may understand me better if I say in another language, "Les tubercules forment (says Lieutaud in his Precis de la Medic. pr.) de larges plaques relevées avec ardeur & demangeaison."

If the *phymata* appear insulated, they have generally a very red circumference, but disappear in a short time, and without any particular cause appear again. They are confined to no particular part, but break out any where on the surface.

The greatest degree of the disease is seen when it appears in consequence of having eating muscles (mytelus edulis);

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edulis); for, with regard to the identity of the eruption which appears from this cause, and that just described which arises from no evident cause, no doubt can be entertained. The disease arising from this cause, which has been accurately described by Berens, Werlhof, Mohring, &c. is, as well as the other, more frightful than dangerous, and is usually quicker in its course than the real febris urticata; being frequently over within twelve hours, (so that it seems inexplicable how Kock, p. 13, can suppose the chronic disease to arise from it). Except great anxiety, patients chiefly suffer from the intolerable itching; and the eruption sometimes becomes so confluent, especially in the face, that the eyes are nearly closed and the face disfigured by the swelling.

Since muscles have not been brought so abundantly to Hanover, where they are looked upon as delicacies, and brought from the East Sea by way of Kiel, physicians have lost the opportunity of observing the disease, and I cannot recollect when I saw a similar instance. In 1793 I saw a violent attack of the disease in a man, which arose from no evident cause, and which did not terminate till the ninth day. The violent burning and itching were united with fever and a salivation of three days continuance; this last has been remarked by Professor Kock, who refers it to the eruption affecting the inside of the mouth, and irritating the salivary glands.

The cause of this poisoning by muscles has lately become better understood in the Netherlands, where these muscles, particularly on the banks of the Scheld, are abundantly used; and the opinion formerly entertained by Werlhof, has been corrobated, that the muscle itself does not contain the poison. See Memoires de l'Acad. des Sciences & Belles Lettres de Bruxelles, 1771, tom. i. p. 229, and tom. ii.

One of my acquaintances here invariably suffers a slight degree of the disease, sometimes accompanied with head ach and fever, every time that he eats the common river cray fish, (astacus) an observation which has been long made, and lately by Gruner, Rode, &c.; by Sauvages it was observed from eating of the liver of a fish; and by others, from eating other things.

Whether muscles, crabs, &c. can throw any light upon this disease, must be determined by pathologists; it has nothing to do with diagnostics. The pain in the belly, which sometimes occurs in urticaria, together with the effects of muscles, &c. point out to the physician that it is

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not a local disease of the skin, neither is much use to be expected from diaphoretics, baths, &c.

It is one of the peculiarities of this disease, that it may not only be ranked among the impetigines and also the exanthemata, as I hope will appear from what has been said, but when in the chronic state a great susceptibility for this disease once prevails, the disposition to it is so strong in the skin, that it may often be produced at pleasure, by merely pressing upon the arm with the finger and carrying it downwards; the course of the finger is marked by a hard redness, which remains for some time visible. It appears to me not less remarkable that the eruption commonly disppears in bed, and again appears on exposure to the cold air; a phenomenon certainly not observed in other eruptive diseases, and which seems to form a characteristic of this one.

It may be further noticed as somewhat singular, that in 1769, I saw a child, two years old, in which the eruption almost resembled tugillations, they were blue, and here and there of a blackish hue; but in a few days they disappeared by simple remedies, and were not attended with fever. I have also seen this eruption in a high degree in a woman, complicated with tertian fever: the eruption always appeared on the day of attack, and disappeared with the fever. It was at length cured, together with the tertian, by the use of the bark alone. In a child five years of age, I found this eruption on the third day after the appearance of the benign small-pox; in a short time the urticaria disappeared, without affecting the course of the principal disease, or producing any uncommon symptoms.

Did the chronic eruption urticaria always possess the the same characteristic form and circumscribed figure as has been described, it would be foolish, at least very useless, to compare it with itch. The reader will not, it is presumed, expect as exact a description of itch as has been given of urticaria, and I presume it is well known by the constant spherical figure of its pustules. But what induces me to compare them here, (and I cannot too much excite the reader's attention to it) is, that both these complaints have often the most striking resemblance to each other, and then deceive the most experienced eye. In long continued and frequently returning urticaria, the patient, especially children, cannot abstain from scratching, but break through the bumps, and make little wounds; these often cause the eruption to lose its original form and assume the appearance of small papulæ containing a purulent

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lent fluid; or there arises a small (*Button, Knopfchen*) in the midst of it, which resembles a dry itch pustule, but not a perfectly recent one, especially when it takes in a large surface of the skin; and is more apt to mislead, as the itching continues from time to time as in the itch, and these little tubercles (*knopfchen*) do not disappear as in nettle rash. In the first instance of this kind, in a young child, I was perplexed for half a year, and did not discover my error until I accidentally observed the first appearance of the eruption, and discovered evident, broad papulæ, which afterwards changed as already described. The conviction that the child during a long period had infected no one, and that no person in the house had laboured under any suspicious eruption, or any similar one to the present, rendered me more certain respecting the nature of this eruption.

I find that this appearance has not escaped the accurate Heberden; but many others who do not observe the disease long enough, or at different periods, overlook the difference between the real itch and this eruption, and even attempt to remove it by external remedies; which produces the mischief so often ascribed to repelled itch. I shall therefore here point out wherein the distinction and similarity between the two diseases exist.

1. The first appearance of both eruptions immediately decides the difference, and any one who can observe them at this early period cannot easily get wrong; for the itch, as soon as it is actually visible, has well defined, hard papulæ, which may be felt above the skin, and which continue to grow larger; retain the same spherical, or rather hemispherical form, and slowly form pustules; not so urticaria.

2. The itch is therefore a pustular disease; i. e. a certain time after its origin and visible formation upon the skin, it contains a fluid. Urticaria forms phymata, i. e. hard, solid, rather flat elevations, which never contain a fluid; are never round, but of an irregular figure, and distinguish themselves from the itch pustule by their greater circumference, both in their origin and progress.

3. The uticaria is in full vigour from the first hour of its appearance; an itch pustule is much slower, often for days or weeks, until several of them are spread over the skin.

4. The itch, after a long continuance, forms small scabs, or crusts, from inspissated moisture or pus; urticaria never; for though we sometimes see upon their papulæ little

knopfchen, yet upon a nearer inspection they will be found to have arisen from scratching.

5. Itch speedily infects; urticaria, after even the longest continuance, never.

6. The itch, in itself, is always a chronic disease, never excites, as sometimes does urticaria, fever, nor is it a symptom of fever.

7. Itch spares the face; urticaria no part of the body, and least of all the face.

8. Scabies itches most in the heat of bed, less in the open air, and not at all in a severe cold, (which is explained by the animation or benumbing of the itch animalcules). Urticaria generally itches most in the open air, and often more in a cold air; in the warmth of bed the eruption either disappears, or at least itches less.

9. In urticaria no external remedies are effectual, neither quicksilver nor sulphur, both of which soon show their specific effects in itch, as being merely a disease of the skin; and whosoever does not speedily obtain the wished for effects, in a case of supposed itch, must have mistaken the complaint, or should suspect a complication of some other disease with it, or even the nettle rash, which is not solely a disease of the skin.

Both these diseases resemble each other, in having the eruption visibly (and palpably) elevated above the skin, with violent itching; and though both complaints be of long standing, they are unattended with fever; for the true urticaria never appears towards the conclusion of a chronic eruption; but where it is seen, it has been present from the first appearance of the eruption.

The difference between both is so great and evident, that they required to be compared merely from the circumstances above mentioned. There are certainly exanthemata which bear a closer resemblance to the itch than urticaria, but I shall pass them over at present. It is much more difficult to distinguish measles from the nettle eruption: when combined with fever, it does not form urticaria, which disappears for some time and again appears, but consists in an acute disease, which continues visible upon the skin for several days. The mistake is more easy when a case of urticaria occurs in a place where measles prevail at the same time, I have observed such an ambiguous instance in a child, where three persons had just recovered from measles in the same house: the absence of cough and other catarrhal symptoms, and the difference of the eruption

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eruption to the touch, determined me to consider it as urticaria, rather than measles.

Measles and febris urticata agree in the following respects:

1. Both of them form an elevated eruption of an irregular figure, affecting all parts of the body, particularly the face; and,

2. Almost limited to the same period of time.

3. The measles consist also of solid tubercles, spots elevated above the skin, which contain no fluid, and have no crusts upon their summits; and although Wedekind, who has described this eruption most accurately, discovered in many a clear yellowish fluid, yet we ought not to call the eruption pustulous, as this supposed fluid disappears imperceptibly, and does not increase as in itch, small-pox, &c. nor change into pus, and form crusts; hence no pustular disease is produced. Probably the fluid is produced here, in the same way as has been observed in urticaria, by the eruptions having been scratched and broken.

4. The eruption in both complaints is almost equally elevated above the skin, and becomes gradually broader. I know no exanthema which has spots of the breadth and circumference which the measles sometimes, and urticaria have. The spots are usually discrete, insulated; but frequently they touch and become maculæ corymbosæ, which the English term '*clustered spots.*'

5. Both complaints occur at all times of the year; and from the number of extensive epidemics which I have witnessed, it is false that the measles are confined to the harvest or winter. It is equally as erroneous, that urticaria appears only in certain months.

Their most striking differences consist in the following:

1. Measles are very infectious, although, indeed, many remain free from them, as well as the small-pox, during their lives; others again escape during one epidemic, and are affected by a succeeding one. The first mark of infection commonly shews itself on the eighth day, or within fourteen days after exposure to a person ill of the disease. Urticaria does not infect; but this mark can be of no use at the beginning of the disease, and in a solitary instance, it is useful only where doubts have occurred.

2. The symptoms are very different even at the commencement of the disease. The measles commonly begin with catarrhal symptoms, running of the eyes and nose; cough, which becomes more violent, and is absent only in very rare instances; oppression or similar disorders of the breast,

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breast; bleeding at the nose, and dullness of the eyes, which are very sensible of light. In urticaria none of these, particularly the cough and bleeding of the nose, the almost inseparable attendants of measles, are to be observed. The eye-lids are indeed often swoln, but the eye almost never suffers, and does not appear red.

3. In measles, the (morbific) matter determined to the surface of the body is often evolved so slowly, that the catarrhal symptoms have occurred several days (I know an instance of eight days) before the eruption is visible; it is particularly delayed by copious bleeding at the nose; and it is frequently visible on the skin within twenty-four hours of the attack. In febris urticaria, the eruption is commonly earlier than the fever, or at least is always visible in the first twelve hours.

4. The eruptions also differ on close inspection. In measles the spots are red and slightly elevated above the skin; in urticaria they are of a pale red. In the former, a small, almost imperceptible branny punctum gradually forms towards the end of the fever; a kind of slight desquamation takes place. 'In urticaria the eruption completely disappears, without desquamation or formation of pustules, crusts, &c. In general, we ought to detect the difference, to feel the eruption as well as see it, or try it with the finger more than with the microscope. By this means we discover in urticaria a much more circumscribed hardness, and a greater elevation above the skin; the islands, if, to make it more intelligible, I may use this coarse comparison, have in urticaria a steeper shore, in measles a flatter one. In the former they resemble a rugged granite rock, in the latter a gradually rising shore. To speak in the language of physicians, they stand in the same relation to each other as phlegmone to erysipelas.

5. The painful burning and itching in urticaria is totally wanting in measles.

6. When the urticaria disappears, the whole disease, fever, &c. is removed; and if any doubts have been entertained, they may now be removed. In measles the consequences are often worse than the disease; and are particularly dangerous to the eyes and lungs.

7. The face never swells so much in measles, and the whole skin is never so much puffed up as in a great degree of urticaria, fievre ortiée.

8. Urticaria spares no part of the skin; but measles in general leaves the harder skin of the soles of the feet and palms of the hands free.

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9. The measles are indeed often seen sporadic, but generally they are epidemic in a place; I know of no instance of urticaria being so, from my own experience or reading, and I doubt whether others have ever observed it epidemic.

South Shields, Nov. 5, 1803.

A Case of Abscess of the Liver, *with a Formation of* Hydatids; *communicated by* Doctor Robinson, *of Derby.*

ON March 30th, I was desired to see Mrs. T. at Stoke upon Trent, who appeared much emaciated, and laboured under a fully formed hectic fever, attended with an almost constant nausea and frequent vomiting, especially when she attempted to take any thing solid. In the region of the right hypochondrium there was a very considerable tumour, extremely painful to the touch, and giving, upon pressure, an evident sense of fluctuation. Mr. Beaver, the attending surgeon, and an ingenious practitioner at Stoke, observed that this enlargement began about ten days before, when he ordered leeches to be applied to the part with a perpetual blister, and two grains of calomel, five grains of hemlock, and six of rhubarb, to be taken every night.

Mrs. T. is about thirty years of age, of a delicate habit, and has led a very temperate life, but from her sixteenth year has been subject to repeated attacks of jaundice; has always been costive, and sometimes has passed ten days without having had any evacuation from the bowels. Several of her family have suffered under affections of the liver, and Mrs. T. has discovered a hardness and fulness in the region of the right hypochondrium for several years. For about two months before I saw her, she had frequently experienced an acute pain in this part, which was generally relieved by camphor, opium, and æther, ordered by Mr. Beaver; blisters had also been applied, and pills consisting of calomel, aloes, and Castile soap, taken as occasion required.

The evident marks of a formation of matter being present when I was sent for, together with the conical shape and pointed appearance of the tumour, made me hope that the abscess would burst externally; and to encourage

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this, I directed emollient cataplasms to be applied, and fomentations to be used; at the same time, a pill consisting of calomel and digitalis, of each half a grain, was ordered to be taken every night and morning; and a draught, consisting of tinct. of columbo, antimonial wine, and Minderus's spirit, was prescribed three times a day. For common beverage the patient drank the nitrous acid and water. Perceiving, after a few days, that the tumour, in place of coming more to a head, receded, and appeared to extend more towards the cavity of the abdomen, I thought it most prudent to have it opened, which operation Mr. Beaver performed by making an incision, one inch in length, in the most depending part of the tumour. Rather more than two pints of purulent matter were discharged, with immediate relief. The exhibition of the submuriate of quicksilver, &c. was now suspended, and she was directed a light, nutritious diet; and took every night at bed time, extract of henbane and antimonial powder, of each two grains. For about a week or ten days she regained strength, and appeared to be doing as well as possible, when the matter suddenly ceased to flow from the abscess, and she again experienced extreme acute pain, with sense of fulness, in the part; yet Mr. B. upon examination with a probe, could not perceive any obstruction in the opening. About three days after this, a large hydatid made its appearance, followed by several others, varying in size from a pigeon's egg to a small pea; a considerable quantity of purulent matter was also again discharged.

At this time I was again sent for; but from the violence of the hectic fever, together with the increasing debility and irritability of the system, I entertained but slight hopes of her recovery; I ordered, however, a solution of half a grain of the muriate of quicksilver in about four ounces of warm milk, with a small portion of tinct. of myrrh, to be injected into the abscess once a day, and one drachm of the strong mercurial ointment to be rubbed in the right hypochondrium every night. The hydatids, after a few days, gradually disappeared, and the matter discharged became much tinged with bile, but which afterwards, by degrees, assumed the appearance of healthy pus. Nothing further was now done, except keeping the abscess open by means of a sponge tent; and our patient, with but slight interruptions, continued to regain her health and strength, which I believe she still continues to enjoy, with more comfort than she has done for many years past.

Derby, Nov. 3, 1803.

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Case of an extraneous Substance lodged within the Vagina during four Years; by W. Blair, *Surgeon of the Lock Hospital, &c.*

I Was this day requested by my colleague, Dr. Pinckard, to visit a woman who had lately applied to him at the Bloomsbury Dispensary; and, if possible, to extract from her vagina a large piece of wood, which she had introduced *four years ago,* for the purpose of preventing a prolapsus uteri. On examining the patient, I found that this piece of wood had partly made its way into the rectum, so as to occasion the fæces to evacuate themselves by the vagina and external organs of generation. The smell arising from this mass of corruption was the most abominable I ever experienced; the urine and fæces mingled with the usual discharge from a gangrenous part, in a subject who by nature was the most filthy and negligent possible, produced a nauseating odour which is better imagined than described.

There would have been no difficulty, I suppose, in extracting this substance before inflammation and swelling had taken place; but as the woman had stupidly concealed her real situation till the last extremity of suffering, and had herself made ineffectual efforts to withdraw the wooden pessary, (if it may be so named) I found a little difficulty in getting it out with perfect safety; that is, without lacerating the perinæum. When it was removed, it appeared to be a quadrangular portion of coarse deal, three inches long, two in breadth, and one in thickness. What may be the result of this case, cannot now be foretold; but I fear the woman will languish only a short time, and finally sink under the symptoms of irritation, &c. with which she is afflicted.

This woman is about fifty-one years of age; about twelve months ago she was under the care of Dr. P. being afflicted with anasarca. She was then cured; but, during the last three months, she has suffered from a return of the same complaint. For a long time past she has not been able to sit down, but has been in the habit of resting upon her knees.

Great Russel Street, Oct. 15, 1803.

CASE of OPISTHOTONOS, *successfully treated, by* R. NAYLER, *Surgeon to the Gloucester Infirmary.*

THOMAS ORGAN, 36 years of age, in the parish of Witcomb, about five miles distant from Gloucester, in his usual employ as a husbandman, in the month of February, 1802, had his left hand severely crushed, the second joint of his middle finger much lacerated, and the bone fractured. On receiving the accident, he immediately set off for my house, where, in my absence, the necessary care was taken of him by a young gentleman, then my apprentice. From this time every thing went on as kindly as could be wished, and in the course of a month he was so far recovered with an anchylosis of the injured joint as to enter upon some of the less laborious parts of his employment. The weather unfortunately for him was at this time very cold and moist, which affected him so much that he returned home early in the evening greatly fatigued and much indisposed. He passed the succeeding night very uncomfortably, distressed by wandering pains in his shoulders and back, and feeling the usual symptoms of what is called a cold. Unwilling however to yield at once, he made another effort the next morning, but soon left his work under an aggravation of all his complaints. He was now bled, took a strong sweating medicine without any relief, he therefore lost more blood, but without the least diminution of his sufferings. In this state I saw him on the third day after his attack, and then found him under a confirmed locked jaw.

The muscles of the neck and shoulders every now and then suffered the most irregular convulsions, succeeded by such rigid contractions of those of the back, as to draw his head forcibly backwards at the same that his chest was considerably elevated, and through which a very acute pain frequently darted to his back. His countenance was frightfully distorted, and bore the strongest possible marks of the agony he suffered. His pulse was about 80 in a minute. He had no preternatural heat, thirst, or indeed any symptom of fever, nor had he felt the least pain in the injured finger. Bladders of warm water were ordered to his feet, and forty drops of laudanum to be taken every four hours in a camphorated mixture with tincture of castor. His bowels to be kept open by castor oil, calomel, glysters, &c. and blisters were applied on his chest, and also on the cicatrix of the injured finger. These means were

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were made use of several days without any material reduction of symptoms, though, to give a full trial to what opium could do, there was an increase of twenty drops of laudanum to each dose, given as before, every four hours. At my next visit I found him much more irritable, and that every time he attempted to speak or swallow, he became more convulsed, with an apparent aggravation of all his very distressing symptoms. The muscular rigidity had now extended itself to his lower extremities, and, though in a less degree, to his arms also. His pulse was become quick and small, his face occasionally flushed, and he perspired excessively; whilst there was an appearance of stupidity which I could not but attribute more to the imperfect action of the opiate, than any affection of the head. He was now ordered wine freely, to the amount of a bottle in the day, with a strong decoction of the bark and valerian, at the same time a liniment well charged with opium was rubbed into his chest and limbs twice a day, but without producing the least relaxation in the violence or frequency of the spasms. The rigidity was now become universal, except with regard to his fingers, over which he had a trifling degree of power.

In this most deplorable state he reached the fourteenth day from the attack, under the impression on all about him that every paroxysm would take him off; when visiting once more, the application of cold water occurred to me, as having been tried under similar circumstances; and therefore, having combated for some time the prejudices of his surrounding friends against its use, I at last prevailed on them to remove him out of bed, and allowing him as much wine as he could take, (about a tea cup full) whilst supported between two persons, to dash about a quart of cold water over his face, chest, and back, and to repeat the same every four hours, increasing both the force and quantity of the water at each succeeding operation, as he appeared equal to it. The first experiment gave him so much and immediate relief, that he looked forwards with no small anxiety to a repetition of it at the appointed periods; and pursuing it to the twenty-seventh affusion, his spasms had entirely left him, those affecting his jaw first giving way, and successively those of his chest, back, and extremities.

To recover him from the very debilitated state to which he was reduced, the bark and a cordial diet were continued, till by a gradual recovery he was able to return to his

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usual occupation, which he now follows without any remaining inconvenience whatever.

It is worthy of remark, that on being taken out of bed to receive the first affusion of cold water, he appeared like a corpse, or one frozen to death. So rigid and inflexible were all his joints, and his feet so pointedly stiffened, that when placed between the assistants to sustain the operation, he rested on the extremities of his toes only. It is likewise to be observed, that the large doses of opium joined with the antispasmodic remedies were of no avail, even as palliatives, and that there is not the least ground to conclude that the disease was subdued by the efforts of the constitution. The amendment began with the first external application of cold water, it became progressive as the cold affusions were more frequently and effectually applied, and a complete cure was evidently the result of their continuance. That the cold bath has been employed in vain in similar cases, is a fact known to medical men. Are we then to attribute our success in this case to the *less violent*, and mere *local* application of cold? or, if not to these, to what other circumstance are we to impute this favourable event?

A CASE *of the* LUXATION *of the* FEMUR ANTERIOURLY *and* UPWARDS. *Communicated by our Correspondent at Paris.*

THE following rare Case is inserted in the Recueil Periodique of the Medical Society of Paris; and Dessault, in his surgical works, give an account of a similar one, the success of which contradicts the unfavourable prognostic generally formed in these cases. It may be interesting to know some of the details, as well with respect to the appearances as to the mode of reduction employed.

A porter in a public office, aged 53, strong and robust, carrying a heavy burthen on his shoulders, slipped and fell with force on his right knee; but the direction of his fall was such as to drive the thigh backwards, while the body charged with the weight was carried in such a direction as to form a very acute angle with the femur, which was pressed backwards; at the moment of the fall the person complained of an extremely acute pain in the right groin, and was incapable of raising himself or moving the thigh.

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In this state he was carried to the Charity Hospital, where he was examined by the surgeon in attendance, who remarked the following appearances. The right inferior extremity was shorter than the other upwards of six lines, and much turned outwards, considerably more than in the fracture of the neck. Any motion in the part was impracticable; in the right groin a tumour was perceived on which the integuments rolled easily, which was found to be the head of the femur pushed from its cavity and resting on the pubis; the crural vessels lay withinside, but there appeared no swelling or tension of the part, and the circulation seemed to be carried on, though to a certain degree impeded; the patient complained loudly of pain in the groin; the buttock appeared flattened, and the great trochanter was carried forwards; in short, a dislocation of the bone anteriourly and upwards was ascertained, and the reduction was immediately attempted in the following manner. The patient was placed on a mattrass in a bed without posts, so that the assistants should have free liberty; a sheet folded on itself was placed on the inferiour part of the leg, above the malleoli, with a view to extension; the counter-extension was made by another placed in the opposite groin, having previously applied a cushion in order to moderate the pressure of the sheet during the extension; the two heads of this lac were directed towards the opposite side by passing over the loins and abdomen. A third lac was applied with a view to fix the pelvis on the crista ilei, and the two heads were brought to the other side, crossing the former, making with it an angle more or less acute, but the diagonal of which was compleatly in the direction of the luxated member. Four assistants made the extension, two the counter extension, and two fixed the pelvis; the surgeon was placed on one side, and while the assistants drew with all their might the respective lacs, the surgeon pressed with the palms of his hands the head of the bone downwards and backwards, at the same time endeavouring to bend the thigh on the pelvis. After two fruitless trials he suspected the insufficiency of the extensive force, and by adding two to the inferior, and one to the superior, the head of the bone was returned into its cavity with a very remarkable noise. All the parts immediately resumed their natural appearance, the motions though painful were effected with facility, the articulation was covered by a poultice, and in three or four days the patient left the hospital.

The case alluded to in Dessault's works, bears the closest

analogy

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analogy in every circumstance to the one just related. The process of reduction however offered some varieties which it may not be unimportant to notice. Dessault conceived that the return of the bone was prevented by the small opening in the capsular ligament, and judged it necessary to lacerate and enlarge this opening by giving to the member different strong and painful motions; he made his extension from the ancle; and it may be useful here to remark, that this practice is universal among French surgeons, to make the extension from the extremity of the member in the reduction of all dislocations; and though contrary to the practice, as generally established in England, we believe the principles on which the French practice, or rather the old practice is founded, to be more conformable to the laws of mechanics,—but this by the way. Dessault also made his counter extension different from that we have just described, in as far as he carried his lac placed in the opposite groin across the patient's body, and over the opposite shoulder; the consequence was, that the body, dragged out of the line of direction of the extremity, the extending power lost so much of its force; a circumstance avoided by the application of two lacs acting in a diagonal line, and in the direction of the body or of the extremity. We may observe, that the bad consequences apprehended from compression of the vessels, do not in fact exist, though it is likely that the great pain proceeds from the pressure of the bone against the crural nerve. The weakness of the joint, said to exist through life, does not appear to be founded in fact.

ON THE USE OF WHITE VITRIOL IN AGUES; *communicated by* MR. CUMING, *of Romsey, Hants.*

I Have long had it in contemplation to publish, through the channel of the Medical Journal, the beneficial effects resulting from the administration of zincum vitriolatum in the cure of intermitting fevers. The indulgencies you have hitherto granted me, demand my acknowledgements, and inspire me with a hope that you will find a place for this Essay.

Bark is the remedy which of all others has long maintained its precedence in this department of physic; but almost every physician of any practice, must have had at some period, convincing proofs of its inefficacy; more particularly

particularly on delicate subjects, whose stomachs are naturally irritable: for who has not experienced the nausea and disgust excited from the exhibition of this medicine in such large quantities, as from the symptoms and circumstances of the patient, the case seemed to require; and however partial or prejudiced the practitioner may be with respect to the virtues of this hitherto considered specific, it must be no small satisfaction for him to know, that the Materia Medica contains a remedy equally infallible, and more entitled to the epithet specific. I only ask some of my medical brethren, such as are not acquainted with its virtues, (for there are certainly many who never heard or thought of its powerful effects) to give it a fair trial whenever opportunity may serve. In ships of war, I have often given it under every type of the disease, and never knew it fail. I have had two instances within this month, of its curing two poor women who placed themselves under my care, in circumstances the most unfavourable for any medicines to have the wished-for effect.

One of the patients had suffered from a quotidian to such a degree that her legs became œdematous, her countenance sallow and bloated; to such a cachectic state was she reduced, that she had the appearance of falling an easy prey to dropsy: her stomach was much weakened, and her digestive faculties consequently greatly impaired.

I administer this medicine in the following manner: After the primæ viæ have been thoroughly cleansed by means of an antimonial emetic, I begin by giving the patient two or three grains in the day during the intervals of the fit, in this formula. ℞. pulv. zinci vitriol. gr. ij. vel iij. cons. rosæ, q. s. ft. bol. no. iij. capt. ager. j. 2d. a vel 3tia. quaque hora, ut opus fuerit, et augeatur dosim gr. j. indies. I never had occasion to give more than five grains in the day. When given in the shape of a bolus, I always order it to be washed down with half a cupfull of any proper diluent. The first of the above named patients was cured in three days, the latter in seven.

Give me leave to observe, Gentlemen, if this plan of cure was adopted in hospitals, infirmaries, and other receptacles for the sick; it would not only be a means of saving large quantities of cinchona, but would enable the gentlemen at the head of these departments to appropriate the money set apart for the purchase of this expensive drug to the laudable purpose of supporting the patients' strength, by allowing them a sufficient quantity of ale, porter, or wine.

It is not my intention to depreciate the virtues of bark when

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when properly administered; yet in many cases I am confident it has been productive of incalculable mischief, particularly in fever, where there is a want of secretion. I have known the recovery of patients considerably retarded by giving the decoction too liberally, and have known relapses take place in consequence of it; then, how much more danger is there to be apprehended when taken in substance, where it seldom fails to clog the stomach in such a manner as to destroy all appetite; for if want of appetite in fevers depends upon a deficiency of gastric juice, surely such a remedy will entirely frustrate the intention of the physician.

CASE OF DROPSY, *communicated by* MR. BUSH, *of Bath.*

MISS E. W. of this city, aged 29 years, was, about five years since, (she supposed from having taken cold) seized with the *Ascitæs Abdominalis*, which continued to increase for three years, notwithstanding all the medicines in general use were given by different medical gentlemen, from its commencement; until she applied, about two years and half since, to my father, who was at that time my partner. We likewise tried the use of medicine for some months with as little success. As she still continued to increase in size, and was very much reduced, I advised her to undergo an operation, which would at least render her a temporary relief; I performed the operation in November, 1801, and drew off three gallons of clear water, which was impregnated with salt; after finishing the operation in the usual way, I gave her *ferri rubigo* in form of pills bis die; twice a week I gave her an aperient; and in addition to this she took daily some diuretic medicine. She was ordered to take as little fluid as possible; and I was happy to find, that contrary to my expectation, she grew less, and has regained her former size and health. As the operation is considered a palliative, and not a radical cure, I think this case deserves notice, as some hopes may be entertained of recovering such patients lastingly by a similar treatment. The ascites was in this case a primary disease, as she had no complaint previous to its commencement, except fits, which she had been troubled with for many years, and which still continue.

To

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE following letter I received some time since from Dr. Andrew Ferguson, of Aberdeen. I have tried the sulphat of soda poultice, which he recommends, in four cases of Chancre with the same success. That it might benefit others, I requested his liberty to transmit the letter I received from him to the Editors of the Medical and Physical Journal; with which he readily complied.

T. PEAAL.

"To Mr. T. PEAAL.

"SIR,

"Two years ago I had a Case of Syphilis, which appeared in a large chancre behind the glans penis under the prepuce. Before applying to me, he had been directed to use strong mercurial ointment, which he did without any good effect, the sore still continuing to have a foul and cancerous appearance. I ordered it to be dressed with an ointment prepared in the following manner.

℞. Ungt. hydrarg. fort. ungt. resin flav. aa ℥j. calomel ʒj. M. And a little of the hydrargyrus nitratus ruber to be sprinkled upon the surface of the sore.

Notwithstanding this had a fair trial, the chancre continued not only to look unfavourable but to increase in size. I changed the ointment. It was dressed with the following. ℞. Cerat. lapid. calaminar. ℥j. ceruss. acetat. hydrarg. nitrat. rub. aa gr. x. M. But with no better success. I considered, that ointment in this case was not likely to succeed, either in cleaning the sore or arresting its corroding nature. I then ordered him to apply a poultice to the chancre, prepared in the following manner. One ounce of the sulphat of soda was dissolved in 4 ℔. of boiling water. When perfectly cold, a little of this water was mixed with a small piece of the inner soft part of a loaf of wheaten bread, prepared of the finest flour; this was kneaded with the fingers until reduced to a soft poultice. It was then applied to the chancre, cold, and renewed six times every day. In the course of two days I could perceive a material difference in the appearance of the sore; and the patient said, that the pain was considerably abated. In ten days the whole surface of the chancre was red,

new granulations of flesh springing up, and the discharge from it of a better quality, and much diminished in quantity. I used the same application until the chancre was completely whole, which happened in about one month after the first application of the sulphat of soda poultice. I looked upon this as a fortunate discovery, for I had frequently found a considerable difficulty in healing these venereal ulcers, especially when they were of a very inveterate and corroding kind. Upon making trial of this, I hope you will find the same success, for it is not in one solitary case that I have tried it, but in more than twelve, with always the same advantage. I must however observe, that when I have any suspicion of the venereal poison being absorbed, I never trust the cure to the poultice alone; I always cause my patients either to rub in strong mercurial ointment, or take mercurial pills until their mouths are affected by the mercury. The sulphat of soda poultice has a very great influence in preventing the absorption of the poison of syphilis; and in this, a great part of its virtue consists. For as the bread is of a mucilaginous nature, it mixes with the matter, and absorbs it, and this as soon as it is formed, which ointment never does, but confines it in a body upon the surface of the ulcer in as acrid a state as when it is secreted. Hence, one great advantage of this application is, that buboes are less readily formed. The sulphat of soda poultice, no doubt, produces a change in the action of the part, besides its absorbing the acrid matter. With this view, I tried it in two cases of herpes with the same good effect as in chancre. The quantity of sulphat of soda used in making the solution for the poultice was in these two cases much increased. Considering the powerful effect of the sulphat of soda in syphilitic ulcer, I thought it might also be a very good application in gonorrhœa. I tried it in six cases; it was dissolved in hot water; but did not answer so well as when used in the same manner as for chancre. The solution of sulphat of soda was mixed with wheaten bread, and dissolved to a thin mucilage; and, in this latter form, I will venture to say, that it is among the first injections that have been discovered.

"I remain, your's, &c.

"ANDREW FERGUSON."

OBSERVATIONS

OBSERVATIONS ON THE EFFECTS OF OPIUM ON THE HUMAN BODY, *by* Mr. F. WEBER, *of the Foreign Depot, at Lymington, Hants.*

[Continued from pp. 435—443.]

TO the first and the latter of the last three men, I administered the following morning at ten o'clock, when they were perfectly well, four grains each, in pills. In half an hour the first perceived a pressure in the forehead. In an hour this pressure was increased to giddiness and slight confusion. At the same time he experienced dryness in the mouth and fauces, and grumbling and contraction of the bowels. At one o'clock he took his usual dinner, being then less giddy than he had been at eleven and twelve. At three he felt no effect whatever.

The other was very giddy and confused an hour after he had taken the pill, he also felt a grumbling and slight pain in the abdomen. His face was at first glowing; he felt a strong pulsation of the arteries in the head. Afterwards his pupils became extremely contracted, and did not dilate either in the dark, nor when I rubbed the eyes with my finger; his sight was dim; his mouth and fauces dry and covered with a tough viscous saliva. Half an hour later he was trembling, sick, and so giddy that he could not walk without a stick. He ate no dinner, and continued in that state, sometimes in bed, sometimes walking about, until the evening. He was in a strong perspiration the whole of the afternoon. At seven in the evening he drank two dishes of tea, which he threw up again, and violently vomited for nearly five minutes. At nine o'clock he complained of violent gripings, against which a quart of warm milk gradually drank, afforded him instant and lasting relief. He continued confused, giddy, very dry, sick, and strongly perspiring the whole night. He did not succeed in making water until one o'clock in the morning, and not before he had made several efforts in vain, and he then perceived a burning in the urethra and frequent interruptions in the stream of urine. He was tolerably well next morning, but had not had a stool since he took the first three grains, three days before.

Livinus Roculé, aged 31, and Kûster, aged 20, both enjoying a general good state of health, suffered at the same time violent pains, though the latter in a much higher degree than the first. Roculé from two lymphatic swellings in the knee-joint and groin, in consequence of ab-

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ruptly drying up some small ulcers of long standing on the leg; the other from a tense erysipelatous swelling of the leg from the same cause.

I ordered each a pill of three grains of solid purified opium, at eleven in the forenoon; which relieved neither the pain, nor did they perceive any other effect. Between seven and eight in the evening, I administered to each five grains in a pill, which perfectly delivered them from pain in an hour's time.

Kûster had a good night, experienced no other effect but dryness in the mouth and fauces, and was perfectly well next morning.

Roculé had also enjoyed rest and sleep; he appeared to be (next morning) in high spirits, and to speak with unusual confidence. He told me, that some time after the pain had left him, he had felt a strong itching in the nose and all over the body, dryness in the mouth and fauces, hoarseness, hickup and thirst; a number of red spots, resembling, according to his description, flea bites, only larger in size and without a tittle in the centre; and though he had not perceived any giddiness or sickness before, he had thrown up his breakfast, which he had taken with a good appetite at seven o'clock. He had also experienced slight difficulties in making water, frequent involuntary stoppings in the stream of urine, and a burning in the fossa navicularis.

Both were regular in their bowels. In Kûster the pain did not return, and the swelling subsided in a few days after the ulcers had again began to suppurate, in spite of art and remedies. To see what effect opium would now have upon him, I gave him three grains (after four days had elapsed since he took the former) three hours and a half after dinner. In about an hour he perceived violent gripings, which lasted till one o'clock in the morning. Two pints of warm milk, which were used three hours and a half after the gripings had appeared, seemed, instead of relieving, to increase them. He experienced not the least giddiness, nor any other effect, and was well next morning.

Roculé, whose ulcers had remained dry, complained again of pain, though not so violent as before, in both swellings, which were highly inflamed; I ordered him three grains, (which was on the fourth day since he had taken the first) four hours after dinner. He found himself relieved in an hour after, though not quite free from pain. He had a tolerable good night, but experienced again much

much thirst, and an itching in the nose and all over the body. The pains having rose again next day, I ordered him six grains in a pill, two hours before dinner. In three quarters of an hour he began to perceive some effects in the head, and in another half hour found himself perfectly free from pain. He has continued to take from time to time, four, five, or six grains, perhaps every second, third, or fourth day, which has kept him free from pain, and in good spirits; while, at the same time, the ulcers have remained dry, and the inflammation in the swellings taken its course. The one in the groin has suppurated for some time, through a narrow opening which had formed spontaneously, and seems now going to be dry and to close again. The other in the knee has pointed and is fluctuating. His general state of body appears not to be affected. He is free from fever, his appetite good, and bowels regular.

John Behn, twenty-six years of age, in a general state of health, complained of pain in the wound, four days after I had amputated the large toe of the right foot. I administered to him a pill of three grains in the evening, which perfectly relieved him in an hour's time. In another hour he was giddy, and though very drowsy, had little sleep during the night, on account of frequent startings and disturbed imagination. In the morning he experienced slight difficulties in making water, and threw up his breakfast. At ten o'clock, when I saw him, he was well Four days after, though free from pain I gave him three grains, three hours and a half after dinner. In about an hour he began to feel a pressure in the forehead, under the tubercula frontalia. In half an hour more the pressure was much increased, he was slightly confused, giddy, and dry in the mouth and fauces. In another hour he complained of pain in the head, above the right arcus supra-orbitalis, which gradually increased, prevented him from sleeping the whole night, and did not quite leave him till the evening of the next day. He was very dry during the first night, experienced frequent startings when he was dosing, and had great difficulty in making water. He had experienced no other affection of the bowels but costiveness.

Cornelius Berlett, thirty years of age, of a healthy habit, was afflicted with a most extraordinary kind of ulcers all over the body, of years standing; the obstinate remains of lues venerea, or possibly of the inconsiderate use of mercury. While some of these ulcers were healing, others broke out again. They were always preceded by hard circumscribed swellings, in and under the skin, which

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made their appearance suddenly, were inflamed, and extremely painful. He had taken from six to eight grains of solid opium per day, for a great length of time, and perceived but little benefit from it. On my advising to take a larger dose (having some pills constantly near him) he told me, that he could take any quantity without perceiving more effect from it, than from what he usually took. In order to convince me of the truth of what he said, he took in my presence twelve grains. Three hours after, when I saw him again, which was at two o'clock, he had not perceived the least effect. I now administered to him sixteen grains in four pills, and in less than a hour he was free from pain. He continued perfectly easy, and it appeared to me in high spirits, two days, without feeling any other effect but thirst and itching in the nose and over the body the first night. He now takes from eight to twelve grains every second or third day, according to circumstances, is always free from pain and in good spirits, and experiences no effect whatsoever, not even thirst or costiveness. When he first began to take opium he experienced frequent difficulties in making water, and even once or twice a temporary ischuria; and until now he has experienced strong itching in the nose, and over the body, each time when he has exceeded his usual dose. This I state on his authority.

Helfer, aged fifty-six, orderly man in the hospital, had been afflicted with a diarrhœa four days, attended with gripings. He had had about twelve thin stools every day, was free from fever, and had a tolerable good appetite. I administered to him four grains of solid opium, dissolved in a small quantity of brandy diluted with water. Some hours after he found himself free from pain, and had no more stools afterwards. He experienced neither giddiness, confusion, sickness, thirst, nor any other effect whatever. Next morning, at half past eleven, when he was quite well, I gave him, in order to make a comparative observation, three grains dissolved as before. In less than an hour he made a full dinner, and soon after felt giddiness and confusion, a grumbling and contraction in the abdomen, and sickness, which continued till late at night. He was well next morning.

—— Weber had laboured fourteen months under a stricture, in consequence of which his general state of health had been considerably impaired. By the introduction of catgut, the size of which I gradually increased, I succeeded in a few days to introduce bougies of a moderate size.

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His being excessively irritable, obliged me to administer opium in considerable quantities, whilst I was operating on him. Having abruptly discontinued the use of opium, as soon as he could bear the introduction of bougies without pain, I found him, the third day after, in a comatose sleep, which increased the next day to such a degree, that loud calling and shaking only could rouse him. It gradually diminished, and totally disappeared two days after. This happened at a time when I had not made the effects of opium my particular study; and I must confess, that not myself alone, but other medical gentlemen, were alarmed in no small degree, and utterly at a loss how to act. Six months ago he had been in a similar state, and, as was afterwards found, from the same cause.

An unfortunate Frenchman, of the name of Cerisier, twenty-six years old, who has been above a year in the hospital, labouring under a most excruciating anomalous gout, I found in a state resembling a low nervous fever. His countenance was almost hippocratic; his eyes looked muddy, and were filled with a thick yellow matter; he could hardly speak, and the words were indistinctly articulated; he was sunk together in bed like a corpse; could hardly lift up a finger; and was continually dosing. I should have thought this wretched sufferer dying, and in that supposition perhaps have done nothing, (I mean nothing to the purpose) had I not experienced already a like exhaustion on myself, only in a less degree, as the late consequence of abruptly discontinuing the use of opium. I knew he had taken large quantities of opium formerly, (from ten to twenty-four grains per day) and directly guessed, from the change of medical attendance which had taken place some days since, it had been discontinued. Having made enquiries about it, I learned that it was the second day since he had been in this state; that he was worse this than the day before, and that the use of opium had been discontinued five days ago. I ordered him twenty-five drops of tincture of opium, and the same quantity of spiritus ætherius nitrosus, to be taken immediately, and to be repeated once in the afternoon. I did not order him a larger dose, because he was weak and exhausted, and because I would bring those changes gradually about, from which he should derive stronger phenomena of life.

I saw him again several times in the afternoon and evening, but could not perceive any material alteration. At nine o'clock I ordered him forty drops of tincture of opium, and twenty-five of spirit. æth. nitrosus. I gave orders

that

that he should be left quiet during the night; that he should take a dose (twenty-five drops of each) at six in the morning, and another at nine. At ten o'clock next morning, I thought I could discover a slight increase of strength and energy, and more brightness in the eyes. In the evening, having taken a third dose of forty drops in the afternoon, a visible change had taken place; his eyes had more life; his speech was more distinct; he had more power in his limbs; and less tendency to sleep. I gave orders that the same treatment should be continued. Next day, about noon, I had the satisfaction to find him in the state he had been in before he sunk into this inanition of strength. His eyes were animated; his speech was clear and intelligible; he desired and relished some victuals; and was able to perform the few motions which were not yet impeded by affections of their respective organs.

Another Frenchman, between thirty and forty years of age, apparently strong and healthy, whom a lively imagination disturbed day and night, and in whom the strength of his nerves, unproportionate to the weakness of the other soft solid parts, falsely reported to the sensorium commune, and magnified the least deviation from health in any part of the body, complained every day of a new disorder and affection. In order to blunt the acuteness of his sensations, and if possible raise his spirits, I prescribed to him a grain of opium to be taken four times a day. Not perceiving any effect from this, I doubled the quantity next day, which I soon perceived had the desired effect. His spirits began to raise; sensibility, judgment, and reflection became diminished, and with them his disorders vanished; only, at times, he perceived slight confusion and giddiness; for instance, after dinner and tea, some motion and grumbling in the bowels, thirst and costiveness.

What I have said of myself respecting the circulation of blood, general temperature of body, the processes of the economy at large, and appetite, I have found to be in general the case on those persons on whom I had an opportunity strictly to observe the effects of opium.

If we compare the foregoing observations on persons in health and on persons under disease, we shall perceive a material difference in the effects of opium on them. It will be seen, that, if certain affections were present in the body, against which opium proved to be an effectual remedy, such as fluxes and pain, sometimes uncommon large quantities were requisite to produce the desired effect, if

if the said affections prevailed in a high degree, without producing hurtful or hardly any of those effects which much less quantities would have caused in others, or in the same persons, free from those affections. We shall also perceive, that when those affections which had resisted the operations of opium on the body were subdued, the usual effects then would take their regular course, in case a stronger dose had been administered than was required to answer the first purpose.

Mr. B. Weber, Staff Surgeon to the Foreign General Hospital, has frequently been obliged to order from twelve to forty-eight grains of solid purified opium in four and twenty hours, before he succeeded in producing the desired effect: removing pain. He has even been under the necessity, some months ago, to order three grains every hour; so that the patient, who suffered violent rheumatic pains, took seventy-two grains in twenty-four hours, without perceiving hardly any other effect but a removal of pain. It was administered by a trusty apothecary, and partly in our presence. Under this pleasant mode of treatment, the patient was cured in a short time; pleasant, I call it, because the mind being rendered unconscious of what passes within the body, no pain is felt while the disease takes its course.

To men labouring under purulent fluxes, in consequence of affections of the bowels, in the West-Indies, we have also been obliged to administer opium in large quantities, before we could perceive a reduction of stools and removal of pain; and without being able to discover other usual effects of opium, such as confusion and giddiness, difficulties in making water, sickness, &c. Having now stated every observation on this subject which has appeared to me interesting in some respect or other, I shall proceed to take a short review of the whole, extracting all effects, in order to bring them under one point of view

The effects which make their appearance first, are:

Tranquilising passions and emotions, removal of pain, and reducing the frequency of stools. After this is effected, or where the mind was in a tranquil and easy state, and where none of the named affections were present, there appears: sensation of fullness in the head; increased vigour and activity; elevation of spirits; unusual watchfulness; a pressure in the forehead; a slight confusion of thought and giddiness; heat and sensible pulsation of the arteries in the head; flushing in the face; redness and swelling of the eyes; slightly impaired sensibility; dryness of

of the mouth and fauces, and thirst; sickness; grumbling and slight contraction of the intestines; hoarseness; headache; increased giddiness and confusion; hickup; higher degree of insensibility; impaired voluntary motion; stammering in speech; propensity to sleep; startings and sudden perspiration all over the body when sleep comes on; stupor; weary eyes and contracted pupils; dimness of sight; trembling; isthuria and dysuria, with frequent involuntary interruptions of the stream of urine; ultimately, elevation of spirits and watchfulness; costiveness; diminished desire and impaired functions of generation; finally, lassitude, exhaustion, stupor, and sopor.

Under this number, I should presume, the effects of opium, though admitting of a great variety, would be all comprehended.

Having before given the history of my observations on opium, I shall now take a short review of the stated effects; endeavour to trace them to their origin, and offer my opinion on the manner in which opium affects the body.

From an attentive consideration of the effects of opium, extracted from the foregoing observations, it appears to me evident, that opium causes an affection of the intestines and brain, at least an unusual change of the actions of the said organs. Reduction of stools; contraction of the bowels; griping and costiveness, manifest the affection of the intestines; a general disturbance of the intellectual operations, sensibility and voluntary motion in short of those actions and phenomena which result from, or are dependent on the actions of the brain, prove, that an affection of the latter has taken place. Confusion of thought; giddiness; elevation of spirits and unusual watchfulness; happy and frightful visions during sleep, and when sleep comes on; stupor and sopor are unusual, or preternatural intellectual phenomena. There is a diminution of sensibility, that is to say, the mind does not perceive as strongly and speedily as usual the impressions of external agents, and of what is going forward in the body. Passions, emotions, and pain, being different kinds of lively sensations, engrossing the attention of the mind, must become less acute, in proportion as sensiblity becomes diminished, and the intellectual operations impaired. Voluntary motion is impaired; the organs of speech perform their functions with difficulty, in consequence of which, words are indistinctly articulated; the sphincters cannot easily be opened, in order that the contents of their respective

spective cavities may be discharged; they refuse the command of the will, because it has lost its power; the stomach, the diaphragm, and other muscles, preter-naturally contract, and thence there ensues vomiting, hickup, startings and tremblings: all clearly shows a disturbed balance between the operations of nervous and muscular power. Pressure in the forehead; heat and sensible pulsations of the arteries in the head; flushings of the face; redness and swellings of the eyes, and head-ache, are symptoms of an accumulation of blood in the head, and leave no doubt of an affection of that organ. Sexual function is impaired or abolished, because the impression on the mind and consequent exertion of the latter, necessary to cause a due excitement in the parts of generation, do not take place.

Lassitude and exhaustion, stupor and sopor, the late consequences of a strong dose, or of suddenly discontinuing the use of opium, prove a languid flow of nervous power; a dullness in the actions of the brain, and the abstraction of a strong exciting cause.

Are not these effects unequivocal symptoms of an affection of the intestines, and, particularly, of the brain? If any doubt remained with regard to the latter, would not the consideration that, by an attentive observation, the first effects are always felt in the forehead, and that only when a large dose has been taken, affections in distant parts take place, but which are all unusual changes of actions and phenomena, in so far as they are depending on nervous influence; would not, I say, this consideration be quite sufficient to convince us that opium chiefly affects the brain, and thence produces the salutary effects of removing pain, and promoting rest and sleep?

I shall proceed to take a short review of the other effects, which being either of less moment, or such as only take place at times and under a particular concurrence of circumstances, it is of less importance, though it may seem more difficult justly to account for them. I shall also consider some circumstances, which have a particular influence on the operations of opium on the human body. Dryness of the mouth and fauces, hoarseness, itching in the nose and over the whole body, I conceive to be symptoms of faulty and inordinate operations of nervous power, in the soft parts of the mouth, fauces, larynx, &c. We shall easily account for the constant attendance of dryness of the mouth and fauces, and hoarseness, on the use of opium, if we consider the number of nerves distributed in the

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mouth, &c. and the consequent free communication between the brain and those organs; if we consider, that the same phenomena, (dryness of the mouth, &c.) make their appearance in different passions, for instance, fear and anger, (thence the phrase choaked with anger) and in different cases where the brain is affected. A general perspiration breaking out when sleep comes on, seems owing to an increased want of energy or relaxation of the skin, in consequence of a diminished operation of nervous power. This effect is often perceived when sleep is brought on from any other cause, for instance when we fall asleep after dinner, and thus confirms the manner in which I have accounted for it in this case. Startings, which take place at the same time, are owing to the same cause, and show a disturbed balance between the muscles and their regulating power—nerves. So as the foregoing, does this effect often take place, when sleep comes on from any cause, or if any thing makes a sudden impression on the mind, and gives a check to the quiet ebbing of nervous power, which we express by the term, fright.

Sickness and vomiting taking place, when stupor, great confusion and giddiness, contracted pupils and dimness of sight, difficulties in making water, &c. are present, clearly show that they arise, at least in this instance, from the same cause, in the same manner as the other effects. Vomiting taking place sometimes also when hardly any other effect is to be perceived, seems to be a proof that perhaps from the immediate contact with the opium, in some instances, it may be owing to a change in the living properties of the stomach, or according to the theory of the learned Reil,* in the form and mixtion of its most minute component particles.

Solid or fluid substances exciting vomiting, when taken during the operations of opium, act as powerful stimuli on the disordered state of the stomach, and force it to preternatural contraction.

Continual vomiting after the total evacuation of the stomach, appears to me a sure sign, that it (vomiting) is at least not owing to any remaining part of opium in the stomach.

The effects of opium are, the stronger the more early in the day it is taken: during sleep the body is in a different state from that during watchfulness; there is a diminution of action,

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* Professor at Halle, in his Archief fur die Physiologie, 1. St. 1. B.

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action, an important change of processes takes place, the animal principle, or that something from which excitability, power of action, in short, life results, and which is consumed by every action of the body, accumulates; impressions therefore are more lively after sleep, chiefly on this account, but partly also, the body being less used to them, they are more strongly felt.

Sleep removes slight remaining effects of opium: as the animal principle accumulates during sleep, the different parts must sooner recover their healthy and perfect animalized state again. During sleep also the animo-chemical processes, consequently secretions, are diminished: thus if any part of opium remains in the body, or if considerable changes in the organisation or living properties of the brain, stomach, or other parts, had taken place, requiring strong animo-chemical processes to attain their natural state again, sleep then must prolong the effects of opium.

By the long continued use of opium the effects become less, &c. Various powers which are obnoxious to the health of the body, when applied abruptly, or which would deprive the animal machine of its characteristic properties if they came suddenly, and in a certain quantity, in contact with it, produce, by repeated or gradual application, such changes as not only to become harmless, but even take the place of natural stimuli; that is to say, they become absolutely requisite to excite either single parts only, or the body at large, to actions, without which life could not exist, or be at most but imperfect. Thus it is, that our body becomes inured to various and unhealthy climates; to breath obnoxious gases; to require the use of burning spirits and corroding substances; that the hands of one man become used to work, which would blister another's skin; thus is the organisation of the nose and mouth transformed into new organs of sense by tobacco.

Exercise and heat causing a lively, quick circulation of blood, hasten the operation of opium on the body; but at the same time, causing a particular strong excitement on the surface, thereby lessening the actions of the intestines, and finally hastening the animo-chemical processes, cause the opium to be speedily expelled out of the body. Cold, fear, suspence, and anxiety, lessening the general excitement, and abating the vigour of the processess of the economy, retard the absorption and circulation, consequently the effects of opium on the brain. Cold, if not a very high degree, counteracts the effects of opium less than the said passions, because, though by lowering the excitement on the

the surface, and preventing a lively free circulation of blood, it may in some measure prevent a speedy contact of the opium with the brain, its effects are generally of short duration, the same degree soon becoming a relatively stronger stimulus in proportion as the animal principle (Brown's Excitability) becomes accumulated; and because opium affects such organs as are seldom positively affected by cold, and the excitement of which is even increased during the operation of the latter, (in a moderate degree) on account of the blood accumulating in them.

Pain and strong sensations of any kind, seem to cause an exertion of the brain; emotions, such as suspence and fear, an overstraining as it were of the latter, both resisting the operations of opium on that organ. The latter, wholly engrossing the intellectual operations, check or arrest the influx of nervous principle into the body, and thus cause an abatement or a total cessation of most actions depending on nervous influence. A fainting from fright gives us an instance of the latter case; in the first case sensibility is diminished, voluntary motion is difficult, weak and inordinate; breathing is short; and the blood not passing freely through the lungs, and not undergoing there the due changes, excites the heart to irregular contractions; thence faulty secretions and absorptions, cold, clammy, offensive perspirations, indigestion and purging; in short, faulty animo-chemical processes; thus the opium, not being absorbed, lies ineffective in the intestinal canal, and, as it were, out of the system.

As we now see that all effects of opium are symptoms of an affection either of the intestines, or particularly of the brain, and that neither pulse nor general temperature, nor the processes of the economy at large, are directly affected by it, we must conclude that the immediate effects of opium are local, and confine themselves to the said organs, as the effects of jalap to the bowels, ipecacuanha to the stomach, cantharides to the urinal system, and stincus marinus to the parts of generation.

It may be objected, that the usual voluntary motions, such as the functions of the limbs, breathing, &c. are so little impaired, and do not suffer materially, unless a large quantity of opium has been taken, and unless the effects take place in a high degree. I answer, that those actions only require a single impulse, and take place mostly without intellectual co-operation, and therefore cannot so easily be effected as other actions and phenomena, which require complicated intellectual operations, such as thought, which

which are less habitual, more difficultly excited in the natural state, and require more the co-operation of will and premeditation, such as the excretions of urine and fæces, the functions of generation, &c.

The numberless sublime phenomena which are immediately founded on the actions of the brain, and the great variety of actions and phenomena depending on the state of the former, contain the cause why substances, and amongst them opium, affecting the brain, are attended by so many and various affections, and have thence been thought generally to affect the body. Why opium affects the brain particularly, and not the lungs, liver, or any other organ, I believe all we can say (at present at least) is, that it stands in such a relation with the brain as to affect it in such a manner, when it or some of its particles have been absorbed and come in contact with it.

The affection of the intestines appears to me wholly owing to the opium coming immediately in contact with those organs.

With regard to the manner in which opium affects the organs to which it bears a relation, I am inclined to think, from the costiveness, from the glow of the face, the red and swelled eyes, the giddiness and heat in the head, marks of accumulation of blood in the latter, that it simply contracts their minima vascula.

The sensations of pressure and tension in the forehead, attended by an increased flow of spirits, happy reasonings, courage, cheerfulness, &c. the effects of small doses, show an increased action of the brain, and is most likely owing to an increase of tone; in other words, to a slight degree of contraction of the parenchymatous tubes.

Increased energy, exhilaration, watchfulness, &c. taking place after the first turbulent effects caused by a large dose have disappeared, prove that the contraction has given way, and is come to that point which was caused by a moderate dose.

Exhaustion and sleep, the last effects, evidently show a dull and languid state of the actions of the brain, in consequence of the abstraction of a powerful exciting cause.

Exhaustion and sleep being the result of a relaxation in the brain, and this relaxation the consequence of the foregoing contraction, will easily explain why they are proportionate, in degree and duration, to the former effects; why they make their appearance the sooner the smaller the dose had been, the later the larger it was, and the longer the use of opium had been continued. If, for instance,

stance, two grains of solid opium had been taken at eight in the morning, a higher or less degree of confusion, giddiness, propensity to sleep, &c. had lasted from three to six hours, and proportionate degree of energy, exhilaration, &c. succeeded, a slight exhaustion may make its appearance in the evening. If in consequence of a larger dose, more violent effects had been produced, and lasted a whole day or longer; if the succeeding exhilaration had been proportionate in duration, it will be obvious that the exhaustion, which cannot make its appearance before the foregoing effects have vanished, will not take place until thirty-six or forty-eight hours have elapsed.

That opium affects the brain in no other way but by being absorbed, and coming in contact with it, seems to prove the late appearance of the effects, which do not take place before at least half an hour has elapsed, the appearance of the effects being hastened by every thing which accelerates the circulation of blood, and increases the vigour of the animo-chemical processes; such as exercise, heat, food, spirits, &c. On the contrary, the appearance, of the effects being retarded, under circumstancs which lessen the actions of the body, and abate the processes of economy, such as cold, rest, sleep, fear, &c. The effects taking a quick course, and speedily vanishing under an increased operation of the processes of the economy, thus expelling the opium quickly out of the body; as, for instance, during exercise, when the body is warm and perspiring. On the contrary, the long duration of the effects, when the processes are slow, as is the case when the body is under the influence of cold, of those passions known by the name of depressing as fear, &c. During rest and sleep, &c. the speedy appearance and higher degree of the effects after a meal, increasing the absorption of the opium in the primæ viæ, and pushing, as it were, that which is in the lacteals forward into the circulation; perhaps, also, the chyle, floating in the blood, and not yet perfectly homogenated, increases the affection of the brain, when it comes in contact with it.—I shall conclude this with a few practical hints, deduced from the whole.

1. Knowing that opium produces the salutary effects, removal of pain, rest and sleep, by causing certain changes in the brain, and thereby rendering it unable to perceive what is going forward in the body, and that the body at large is not *directly* affected by it, nor any other part except the intestines, we shall, *without fear of imparting any morbid*

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morbid state to any part, the said organs excepted, order whatever dose be necessary to produce the desired effect.

2. Knowing that the effects of opium are the stronger, the weaker the body is, and the more the functions are disordered, provided the parts on which it operates possess a sufficient degree of excitability to receive its impression, we shall regulate the dose accordingly.

3. Lively sensations and emotions resisting the operations of opium on the body, in proportion to their degree, will assist us in determining the proper dose. We have seen above, what uncommon large quantities were required to produce ease in persons labouring under violent pain, and what different effects the same dose produced in the same persons, when labouring under pain, and when free from it.

4. If it be our object to excite lively actions in the brain, in order to produce an increased flow of nervous exciting cause, and thence an increased energy, activity, &c. we shall order from one to three grains or more for the first time, and continue with half a grain, a grain, or a grain and a half, or more, to be taken from every half to every two hours, according as the effects make their appearance.

5. If it be necessary to hasten the operations of opium on the body, we shall administer it dissolved in any usual menstruum, or order at the same time a small quantity of spirits, or any fluid containing alcohol; and in about half an hour after, some fluid or solid substance, as will be judged most adapted to the case.

6. Should a quantity have been taken from which dangerous effects are to be feared, speedy evacuation of the stomach, by mechanically irritating the orifice of the pharynx, will prove the surest means of safety; lemon juice, or where that cannot be procured, vinegar, or I should suppose any other vegetable acid, or sour fruit, taken in as great a quantity as the stomach will bear, will in a great measure render ineffectual that which lies in the intestinal canal. Heat, exercise, or any thing that tends to increase the animo-chemical processes, and causes sweat, will be the most effectual means to free the body from what has been carried into the circulation.

7. To rouse a patient from sopor, occasioned by abruptly discontinuing the use of opium, it will be easily conceived, that the latter must be renewed. The quantity which is necessary to produce this effect will be best determined by the effects produced from a given dose. The degree of sopor, the former state of the patient with regard to strength and

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and weakness, and the quantities formerly taken, may assist in determining the proper dose.

8. In an alarming degree of sopor, being the direct consequence of a large quantity of opium, attended by coldness, insensibility, &c. sprinkling the regio hypogastrica and parts of generation with water, as cold as possible, or a mixture of vinegar, nitre, and ammoniac, will, as one of the most powerful excitantia, deserve particular notice.

The following history of two analogous cases may not be unacceptable, though not exactly belonging to the subject.

At a time when I officiated in the Shropshire militia regiment in the Isle of Wight, for the surgeon who was ill, I was called to two men, privates of the said regiment, who were lying on the ground in a state of asphyxia, in consequence of the immoderate use of brandy. They appeared totally bereft of sensibility, were cold, and without pulse; breathing and pulsation of the heart were only perceivable in one, and not without the nicest attention. I had them undressed, wrapped in warm blankets, placed near a large fire in a horizontal position, yet so that their heads were elevated farthest from the fire, and under a free access of air. I had them rubbed with warm wood ashes, and brushed with hard brushes. After this process had been continued for about a quarter of an hour, I cautiously washed their heads with cold water and vinegar, and sprinkled the before mentioned mixture from a certain height on the said parts, which instantly produced deep inspiration, sighing, and other strong symptoms of life.

This was at twelve o'clock at night, after they had been lying from four or five o'clock in the morning on the beech, where they had found a cask of brandy, and emptied it, in company with eight or ten others.

About two scruples of white vitriol poured into each, produced no effect till they were warm, and showed strong symptoms of life.

To

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE accompanying Communications supply some important dates and circumstances towards the history of the Influenza; I cannot now expect to receive any more, and therefore shall trouble you, against your next Number, with my own Remarks, in which I shall introduce a very satisfactory Report from Dr. Carter of Canterbury, on the appearance of this complaint in Kent, together with one or two others.

The first of the following numbers relates to the district about York, and would have been transmitted with the last parcel, had it arrived in time.

I am, &c.

THOMAS BEDDOES.

14 *Nov.* 1803.

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112. Mr. BELL, Pocklington, Oct. 8, 1803.

The first patients I had attacked with the Influenza were about the middle of March, with febrile disease, cough, and more or less painful inflammation in the lungs and pleura, the removal of which was not difficult by bleeding, saline antimonial nitrous remedies, and demulcents for the cough; in short, I then considered them as the usual spring complaints of peripneumony and pleurisy, which diseases occur frequently with us in the months of January, February, and March. In the beginning of April, a remarkable number of patients, of all ages, were attacked, the middle aged and robust most severely; and of the whole number, I lost one aged patient and two infants; the rest all recovered well under the above treatment, and I do not remember one case that terminated in hectic fever or pulmonary suppuration; though from such species of disorders, on other occasions, I have often had cause to observe and lament it. I confess I did not, at the beginning or in its progress, consider it contagious, although whole families were seized; I supposed exposure to the same circumstances of atmosphere might occasion similar attacks, and I looked on it as endemial but not epidemical, putrid symptoms hardly ever occurring, and then only slight diarrhœas in weak habits, the principal symptoms always appearing purely inflammatory, and very few cases of long duration, in a few days the inflammation always being

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being checked, and expectoration soon relieved the cough. —Not being in the habit of taking notes except in some particular circumstances, my day book and memory, with the assistance of my young man, are what I write from; but if you have any more particular questions, I will with pleasure answer them. The disease began to decline the latter end of May, and was nearly ended by the middle of June.

113. Dr. Hird, Leeds.

The following particulars I took down from the mouth of Dr. H. who, when I saw him here, could not specify the time of its appearance at Leeds; but I have reason to hope he will supply the date soon.

The influenza did not spread rapidly at first; for a week or ten days it seemed to abate, and then it became very general. It shewed itself by great and sudden debility, pain in the head, rigours, heats, and perspirations. The cough was very constant; it followed pain in the head and shivering, but seldom or never, in my observation, preceded those symptoms. The bowels, in some persons, were affected with pain and diarrhœa. Females seemed to be more liable to its attack than males; and the delicate among females more liable than the robust. Few phthisical females escaped it; those of sedentary habits were more universally affected. Men, who lived free or full, were less liable; and such as went very much out of doors with such a diet, were least of all liable.

My usual practice was to give first an emetic, then the effervescent saline draught, and extract of poppy when the cough became very troublesome; this appeared preferable to opium itself. When every inflammatory symptom had gone off, the spt. ætheris vitr. c. with white poppy syrup, was useful. Old asthmatics died; and it was speedily over with them if they had been bled or otherwise debilitated. Bleeding with leeches was singularly useful in robuster subjects, where there was pain in the side, &c.

Four out of seven in Dr. H's family had it at the same time. Of bed-fellows, sometimes one had it, and one had it not. In a particular family that resided in an insulated house it was universal, and all were seized within thirty-six hours; the family consisted of either fourteen or fifteen. In other instances, it seemed as if propagated from person to person.

114. Dr.

114. Dr. RUTTER, Liverpool, Oct. 31, 1803.

I think I met with an instance of the influenza on the 27th of February, 1803. My patient was then in the second day of the disease, which at first appeared to be a combination of rheumatism and catarrh. The pains, which were betwixt the false ribs and the spine of the ileum, were uncommonly severe, and resembled those of rheumatism; these, however, gave way in a day or two, and left a catarrhal affection attended with great debility, exactly resembling the influenza which afterwards became so general. On the 5th of March I saw a strongly-marked case of the influenza; and the patient, a young lady, was then in the fifth day of the disease. In the second and third week of March, the influenza was very general here; towards the middle of April it had greatly abated; and before the end of that month, as far as my knowledge and recollection extend, it had nearly if not entirely disappeared.

It will be unnecessary for me to swell this letter with a detailed description of the disease; in its general features, it corresponded with all the accounts which have been published; I shall only mention some particular symptoms which have not been generally noticed by other gentlemen. In many instances the disease came on with more or less of syncope; in these cases, persons were seized in a state of apparent good health with great faintness, and some fainted away; and in this manner I have known the attack to take place in some robust labouring men: then followed chillness, shivering, head-ach, pains in the head, loins, and limbs, cough, dyspnœa, soreness and stitches in the chest, &c. Soreness in the throat, as it was called, was a constant symptom in all the cases which I saw. The patients referred this soreness to the larynx or upper part of the trachea; and in some cases, the soreness distinctly and gradually diffused itself from this point, through the trachea and the ramifications of the bronchæ, until the whole chest was affected with it; but it was felt most severely under the sternum, along its whole length, especially on coughing or inspiring. The dyspnœa was in general very laborious, and was frequently attended with sharp stitches in the chest. One of my patients who had the disease very severely, and whose breathing was extremely laborious, told me that she felt as if she were breathing through a sponge. The cough was mostly dry at first, and was very harrassing. When expectoration took place, it was in some cases very profuse, and in two or three in-

stances I observed it slightly tinged with blood. The pulse in every case which I saw, was soft and small, though frequent. I did not meet with one case with which pneumonic inflammation was combined in such a degree as to authorize the use of the lancet. The disease was not very fatal here.

I have nothing material to add with respect to the treatment. Emetics were very useful at the commencement of the disease; and when followed with a smart dose of calomel or Castor oil, checked the further progress of it in some instances. It was of great advantage throughout the disease to keep the bowels regular. When the disease was formed, the dyspnœa and stitches, as well as the soreness in the chest, were relieved most effectually by blisters, which it was sometimes necessary to repeat before these symptoms gave way. In circumstances indicating great oppression of the chest, the lancet was prohibited by the uncommon prostration of strength, and by the softness and smallness of the pulse. In some instances the debility was so considerable, and so great was the tendency to syncope on being raised up in bed, that it was necessary to throw in mild nourishment with as much assiduity as in the debility of typhus; the respiration at the same time being difficult and laborious, and the cough rending and incessant. After a gentle diaphoresis was produced by antimonials and diluents, no advantage was obtained by keeping the patients longer in bed; on the contrary, those seemed to regain their strength more speedily, who, notwithstanding their debility, endeavoured to get up, and to remain out of bed during some part of each day. Opiates were hurtful in the commencement of the disease; they increased the febrile heat, and retarded the advancement of expectoration; in the decline of the disease, they were highly beneficial.

This is all that occurs to me on the subject. I took no memorandum of the disease, except relating to the date of its appearance. If you think the preceding remarks of any value, they are at your service. It is useless now to lament that I have not been more particular in my observations, or that I did not record them at the time; the want of such a record must therefore be my apology for sending you such a barren fragment.

115. Mr. WHATELEY, Burton on Trent, October 2, 1803.

In my practice I did not meet with any instance of disease the last spring that could be denominated influenza or catarrh

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catarrh arising from human contagion, nor were a greater proportion of persons indisposed than usual at that season. The scarlatina of the mildest kind had been for some time very frequent in the town and neighbourhood, and the measles and hooping cough were common last spring with generally favourable symptoms. I feel satisfied the disorder, which was so prevalent in most parts of the kingdom early in the year, was never met with in this place or its immediate vicinity, at least not commonly.

116. Mr. Ward, Woodchester, Nov. 7, 1803.

There being a great inconsonancy of opinion respecting the disease lately prevalent, whether contagious or not, I take the liberty of troubling you with a few observations I had an opportunity of making in my practice. I cannot flatter myself they will tend to elucidate the decision of so important a question, but should they be found worthy of a place among your numerous and valuable collection of communications on the same subject, I have to acknowledge it with gratitude.

The first case characterising the disease denominated influenza appeared here on the 20th of March. (The last case in the beginning of May.) In the ensuing week I visited eight persons, who from the severity of their attack were necessitated to keep their beds, independent of *many* who from the lenity of their symptoms were exempt from such confinement.

Some who were attacked with this disease, evidenced symptoms closely allied to typhus. When the pulse from diminished energy indicated the necessity of avoiding profuse evacuations, I found no medicine so effectual as the mist. camph. aq. ammon. acet. & vin. ant. tart.

In three cases where the symptoms were more purely inflammatory, accompanied with pneumonia, catarrh, &c. I did not hesitate using the lancet; the relief obtained fully sanctioned this unapproved treatment. In those cases nothing appeared to me of greater and more conspicuous advantage than frequent nauseating doses of the vin. ant. tart. alternating the saline mixture in a state of effervescence. Blisters did not appear to me of the least service; in two or three cases I thought they aggravated the disease. Several patients, whose attack was not violent, were wholly relieved by profuse perspiration. I found the pulv. ipecac. c. fully competent to this purpose and apparently a preventive of the further progress of the disease. A respectable clothier's son in this neighbourhood, whose attack was

alarmingly

alarmingly severe, was greatly relieved by an eruption on the skin, which disappearing, a recurrence of the symptoms took place. A chlorotic girl, where evacuations were cautiously avoided, became anasarcous on the departure of the influenza. With women in their accouchement, I had an opportunity of seeing two cases; they were fortunately not violent; the secretion of milk was almost wholly interrupted; they were both relieved by the pulv. ipecac. c. The important question, whether the influenza was contagious or not, I leave to the decision of those able practitioners whose opinions will be influenced solely by facts, collected from candid and impartial observations; at present, till conviction of premature and mistaken judgment convert me to opposite sentiments, I consider it as contagious, and primarily originating in an observable difference in the atmosphere many days preceeding the appearance of the disease.

A family (seven in number) with whom I am particularly intimate, were apprehensive of taking the infection from my frequent visits; their expectations were realized, and not one escaped the infection. At this time I participated with my friends, though, fortunately, our attack was very mild.

117. Mr. BREWER, Newport, Monmouthshire, October 23, 1803.

I should have been particularly happy in giving you any satisfactory account of the influenza which appeared here about the 20th of February, under the same form that it did in most other places, of which there has been so much already said, that I can do very little more than give my opinion contrary to its contagious effects. My reasons for which are—Its appearing first in the most retired part of this country, and in a family which, from the strictest enquiry, could have no communication with any source of infection.—Its attacking large families at the same instant almost, that is, eight or ten in the course of two days; and some of those not able to account for any communication with the disease.—And its attacking one of two who lay in the same bed, while the other remained perfectly free from the disease; and this in three or four instances within my knowledge. The complaint was in many cases very severe, but fatal to very few. I saw but one who died immediately of the epidemic, a lady far advanced in years and long troubled with asthma. I believe it has hastened the termination of many previous affections of the chest, and has

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also laid the foundation of many others that will terminate seriously. The last attack of the disease which occurred to me was on the 15th of April.

118. Mr. Pew, Shaftesbury, Nov. 4, 1803.

Although I did not see occasion to record any thing in the late influenza, (which appeared in a much milder form than that which occurred, I think, in 1779, in as much as it left no permanent weakness, no loss of nervous or muscular power behind it) yet to shew my readiness to comply with any request of your's, I shall state from memory the general symptoms. It commenced as it were suddenly and pretty generally the first week in April, so that I believe most people hereabout became affected from the influence of the atmosphere, although I have little doubt of its truly infectious nature, especially when concentrated by a number of *maladies* in large cities. It was generally attended by catarrhal symptoms, sometimes more, sometimes less severe, often with pain in the side, always with great prostration of strength, and I believe in every instance with a very disagreeable sense of fullness and pain over the eyes, and a sensation of pressure as it were on the ball itself. No case occurred in my own practice in which I thought it prudent to bleed, but I had occasion to see two cases in which the practitioner had recourse to that evacuation; the blood was not sizy, and I am in doubt whether it was of advantage, but it did not seem to retard the return of strength; with me the pulv. ipecac. c. gr. v. 4ta. *quaque hora* seemed to produce very good effects. I think the complaint nearly left us by the latter end of the month. I have no record of the rate of the pulse.

I had almost forgot to mention that a few feeble old people were carried off apoplectic, excited by the influenzal poison.

119. Dr. Callanan, Cork, Oct. 1, 1803.

I think I cannot answer the queries with which you favoured me by Mr. Beaufort, in a more unbiassed manner than by sending you a copy of the remarks on the influenza, which occurred to me during its progress.

As to your first query, (respecting its contagious nature) I must answer positively in the affirmative, for the reasons advanced in the remarks, and from what I had seen in the influenza of 1780. The lady who infected me (sit verbo venia) was one of the first who had it in Cork. She has lately traced

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traced its genealogy to me, by telling me, "She got it by sitting at table next to a gentleman just arrived from Dublin, where the disorder raged universally." I remember our being free from it in town by the time it had reached the remote parts of the country; even the difference of a week at not twelve miles distance where the communication with town was not so frequent, as in the late epidemic when the play-house and assizes brought town and country more in contact. Innumerable instances of individuals transferring the contagion can be cited on the best authority, and most unprejudiced evidence; the gentleman who kept the school in the Great Island, in his letters to me, for three weeks triumphed in the idea of his escaping; but, as I predicted, he suffered in his turn.

2d. I never saw an instance of such catarrhs originating from fomes, nor do I know that any has been so well traced to its origin as that of 1780. Maertens says, that at Petersburgh, on a cold night, the thermometer rose 30° of Fahrenheit; the next morning forty thousand people were taken ill with the influenza, thence it over-ran Europe progressively.

3d. In the beginning of the epidemic, I have been mistaken, as I mentioned; the symptoms are certainly for the most part catarrhal; it may probably happen that those who have the disorder mildly are considered only to have a common cold; and, vice versa, a heavy accidental catarrh may rank as influenza; but in the latter case it would be difficult for a patient, so affected and exposed to contagion, to escape its effects, and not have a complication or an aggravation of one disorder by the other. To those who doubt of the contagious nature of the influenza, it may be a sufficient clue to judge from the prevalence of the complaint in the place, and the leading symptoms enumerated in the remarks; these speculations are liable to many objections, but cannot be attended with any bad consequences in practice.

4th. This question will suggest similar doubts in drawing conclusions; it appeared to me that Sydenham's idea was well founded, "that these leviathans absorbed all the lesser epidemics;" to a certainty, modified them prodigiously.

5th. Has been anticipated in the remarks, also the 6th and 7th.

You may be assured, Sir, that, though I am conscious I may have deceived myself, I would not disguise the truth, such as it appeared to me, or lead you into error by a false report. I am also confirmed, as yet, in my conceptions of the

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the subject by the co-incidence of my fellow practitioners in these quarters, who all have the same opinions both as to facts and theory.

Remarks referred to in the above Letter.

I did not see any case of influenza, although in daily expectation of its arrival, until the 27th of March 1803, when I visited a gentleman who had for some years past three or four violent attacks of hæmoptœ. It began with symptoms of pleurisy, and was treated with bleeding to ℥x, antimonials, &c.; the pleuritic symptoms did not yield until the 7th day; the loss of appetite and peculiar creaminess of the tongue remained to the 14th day; whether the slow recovery was owing to the bleeding, I cannot conclude, as it was the only instance in which I prescribed V. S. A gentleman of the faculty, subject to hæmoptysis, bled himself on the first attack without any seeming disadvantage. I have reason to believe that bleeding, pushed to any length, has been injurious in this epidemic.

This and the second patient, on the 28th, were attacked nearly in the same manner, and attributed, as I did, their complaints to cold caught in a crowded Court-house. On the succeeding days such numbers were taken ill, there remained no doubt on the nature of the disorder. Its course was evidently traced from England to Waterford, where it raged at the assizes, before the assizes of Cork. The assemblage in courts, with the assistance of the theatre, disseminated the contagion through town and country more rapidly than any epidemic I ever saw.

That it was communicated from person to person there can be no possibility of doubting, as its progress from the continent can be evidently marked; its appearing first in great towns most connected with the capital, and its raging some weeks later in the more distant parts of the country when it had exhausted itself in the cities. Numberless instances can be quoted to prove this assertion; amongst many others, a boarding-school truly insulated in the Great Island near Cove, remained uninfected for three or four weeks during the reign of the disorder in Cork, until a boy went from town, sickened, and infected the whole family; Mr. Alby's school, four miles from Cork, is said to have escaped. The disorder did not penetrate into the parishes of Baltimore, Cape Clear, and that part of the sea-coast, although Ross, Cloghnalkilty, and that neighbourhood, suffered.

The contagion, on many occasions, shewed itself the day after

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after exposure. It was early introduced into the Convent at Cork, a boarding-school, where the inhabitants may amount to about 70; four or five were generally taken ill every day, besides those who were either affected slightly or seemed to escape.

No greater variety can exist in any disorder than in its mode of attack, which in some was violent with the usual symptoms of fever; these, in general, were soonest well, probably from submitting instantly to proper treatment; others scarcely felt any indisposition, but most a considerable defluxion from the nose and eyes, with a very peculiar confusion in the head; and after the first day a singular creamy appearance on the tongue, continuing for several days, and being a sure index of the disorder still existing, where from other symptoms it may not be suspected; the cough in many, but not in all, was extremely distressing, the fits continuing a long time in the most harrassing manner. It was attended, more than any disorder I ever met, with a degree of debility and enervation scarcely to be conceived, which in many remained for a long time; in the country, some strong athletic peasants fainted on its commencement; some have never totally recovered their former strength. An unusual enormous pain in the back and loins, extending down the back part of the thighs, was not uncommon, and remained for a week or two after recovery; restlessness was a frequent and distressing symptom, which was relieved more effectually by camphor than by opium; others were affected with deafness, few with ophthalmia, and not many with diarrhœa.

The consumptive were great sufferers by it, the asthmatic and the aged; several of this class died, particularly such as were reduced in flesh and strength; some almost suddenly and unexpectedly. Dr. F. aged 77, had it four days, and imagining himself well, walked out about 200 yards from home; he fell almost apoplectic, and nearly perished in attempting to walk back a few steps; he was taken home in a sedan; has recovered his strength but slowly. Mrs. W. a feeble old lady, nearly sunk under its first attack. I have not seen an instance of its producing sudden dissolution, but from these instances believe it possible.

Its most remarkable character was its renewing every complaint latent in the constitution and affecting the weak parts; independent of pulmonary complaints, which it grievously exasperated, I have known it renew every disorder of the nerves; a paralytic affection of the leg; a singular anomalous lethargy; deafness; uterine profuse evacu-

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evacuations; gout; a slight apoplexy; melancholia and two cases of mania in predisposed persons. Several cases of hemicrania; some agues, easily yielding to the bark; a very extraordinary case of fits of suffocation, threatening immediate dissolution, which was cured by blisters, anti-spasmodics and diuretics.

No one died of the simple influenza; a few only of complication with pulmonary complaints; and a few of the aged and infirm. Children, even infants, were attacked by it, of whom I hear a few perished.

The disorder at first appeared tractable, especially while the weather was mild, until the 8th of April. The cold which succeeded, determined it more to the lungs, and caused some relapses; taking an antimonial at the commencement, confinement, and perspiration, generally took down the fever in 48 hours, and gave room for nourishment and free air; many, however, suffered by too sudden exposure to cold, and relapsed. The antimonial course did not seem to succeed beyond the third or fourth day; at that period succeeded so great a state of debility as required wine, light food, and a gradual return to full living; this was so evident in the great majority that a contrary treatment must have been destructive; effervescing mixtures were of use in removing the bad taste and whiteness of the tongue, which often remained for a long time.

The disorder became rare on the 20th of April; the last case I visited was on the 29th of April.

120. Dr. Gibney, of Navan, Ireland, writes, that after the influenza, a low fever, almost constantly prevailing in that town, disappeared for a considerable time.—This is quoted from memory, his letter having been unfortunately mislaid.

121. Mr. Stanley, Drogheda, Ireland, Sept. 30, 1803.

I had the favour to receive your letter this morning, desiring to be informed at what time the influenza made its appearance in Drogheda and its environs. On recollection, I think as near as I can remember, the first appearance of this complaint took place in Drogheda early in the month of March last, and towards the end of that month became epidemic, and appeared in general amongst the people; at the same time it prevailed all through the county of Meath, and it continued uniformly through April and to the end of May, at least till the weather set in warm and dry, at which time it seemed to cease, and its progress to stop

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stop. I am happy to have it in my power to give you this information.

122. Dr. Barnside, Sligo, Ireland, October 21, 1803.

I find, on referring to my note book, that the first cases of influenza which came under my care occurred on the 30th of April last. The disease might have appeared two or three days earlier, as I happened to be absent in the country; I am however fully satisfied, that it did not in any instance take place before the last week in April. In Mayo, the next county, and to the westward of this, it did not appear until the latter end of the first or beginning of the second week in May. Having heard that the disease prevailed along the eastern coast of this kingdom for some weeks before, I was fully prepared to expect it here, so that you may rest satisfied I am accurate as to the time of its first appearance; and that it ceased in less than three weeks, having affected at least five-sixths of the inhabitants of this town and neighbourhood.

In a great majority of cases the attack was so slight, that the patients did not feel it necessary to go to bed, or use any remedy; in others, where it commenced with more severity, an emetic, followed by profuse perspiration, put a period to the complaint in less than 24 hours.

In the worst cases the general symptoms were, sudden and severe pain in the head and small of the back; great languor and disposition to sleep; cough; soreness of the chest, and difficult expectoration of mucus, occasionally tinged with blood; thirst; the pulse seldom became very quick, never that I could observe hard, but full, soft, and bounding; the tongue was loaded with a loose, thick, white, and curdy-like fur, which frequently remained for some time after the pulse came down to the natural standard. A few cases were attended with slight stitches, but in no instance was much difficulty of breathing observed; delirium occurred only in one case.

The appearance of the tongue, and soft bounding feel of the pulse, were symptoms so peculiar, as readily marked the difference between this and any other catarrhal fever I had ever seen. After the disease had gone off, the symptoms were likely to recur, if the patient indulged too early in getting out of bed, or in eating animal food, and drinking wine.

The duration of the disease was altogether uncertain, from one to twelve days; and it appeared most severe in those

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those advanced in life, or where any disease or delicacy of the pulmonary system existed.

Every patient that came under my care (and the number was very great) in this disease recovered. On the first day I gave an emetic, opened the bowels, and afterwards ordered ammonia acetat. with vin. ant. to produce perspiration. If severe cough and difficult expectoration came on, a blister was applied to the chest, and the mist. muscilag. with tinct. opii was given with seeming advantage. When the fever lasted many days, I observed decided advantage to follow smart purgatives of calomel and jalap. or pulv. antimon. I never considered the lancet necessary in this disease; I have heard that it had been used in some cases which terminated fatally: but I know that blood-letting had been used, and in some instances repeated, in the newly raised regiment of Sligo militia, and that the patients did recover.

I have shortly detailed the most important circumstances which took place in influenza; should I in any degree add to or confirm the information you have already received, I shall feel happy, convinced that whatever you acquire, will be freely communicated for the public advantage.

123. I addressed myself to the Rev. Mr. Carey, Guernsey; particularly wishing to know if there were any facts, indicating whether the influenza had arrived thither from England or France. Mr. C. informed me that he had applied to the faculty there, but that no such disorder had been observed in the island.

I have not yet succeeded in procuring information from Jersey.

124. Dr. Scott, Isle of Man, has favoured me with a copy of his detailed communication to Dr. Duncan, by whom it will doubtless be published in the Annals of Medicine. I shall only permit myself to transcribe the first paragraph.

"The influenza," says Dr. Scott, "appeared among us towards the end of March; the first patient I saw was on the 24th; he received the infection from a gentleman, who two days before had arrived from Parkgate, and had been seized with the complaint in London, and was still labouring under it. In a few days one of our Liverpool packets arrived, having many patients under the epidemic, From my enquiries I have every reason to think that thus it was imported among us."

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To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IN the true spirit of just investigation, you have, as liberally as laudably, endeavoured to discourage the communications of anonymous writers, by refusing them the authority of medical evidence; you will therefore readily coincide with me in the propriety of correcting the misrepresentation contained in a paper of your Journal, (No. 50, p. 362) signed "Constant Reader," by publishing the subsequent remarks on that subject, extracted from the last volume of Dr. Duncan's Annals of Medicine. Indeed, it would be compromising a gross mis-statement, to withhold this intelligence from your numerous readers.

The paper alluded to appeared to me, *prima facie*, to be as exceptionable for its want of internal as external evidence. My own words, in reply to the author, bear testimony to this opinion. These were,* "It must be readily perceived, that the communication (in question) breathes a spirit of levity and wrangling, wholly inconsistent with the grave decorum due to the investigation, and decision, of a philosophical subject; nor does the veil of anonymous concealment, which the author has thought fit to assume, impart to the statement the genuine stamp of unquestionable authenticity."

It will be clearly seen how commendably the scientific labours of the Authors of the Annals of Medicine are regulated by a scrupulous attention to the interests of truth and philosophical impartiality, by the following extract, in which they discover a solicitude to rectify a mistake, which, if unexplained, may have operated to the prejudice of a doctrine they profess rather to disapprove than to defend.

Extract of an article in the last volume of Dr. Duncan's Annals of Medicine, entitled, "Notice of Dr. Kinglake's Proposal of the topical Use of cold Water in the Gout."

"The following letter, addressed to the Editors of the Medical and Physical Journal, has appeared in the 50th Number of that publication:"

"Gentlemen,

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* See Medical and Physical Journal, No. 51, p. 442.

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"Gentlemen,

"As Dr. Kinglake calls loudly upon his medical brethren, to communicate any observations which may enable him to make up his mind as soon as possible, the following case, on the authenticity of which he may depend, is much at his service.

"The late celebrated Dr. Gregory, of Edinbugh, father of the present Professor of Medicine in that University, was very liable to gout. A friend of the present writer called on him one evening, and found him bathing his feet in cold water. He observed to the Doctor, that he was doing what he would hardly recommend to his patients. No, said the Doctor, but this application mitigates pain, which I am unwilling to bear, and I have hitherto experienced no bad effects from it. The next morning the Doctor, to the regret of every admirer of science, and of professional liberality, was found lifeless in his bed.

"But why trouble ourselves any farther about the gout? One gentleman can completely pump out the gout from the system in a day or two! and another has discovered a remedy, a few spoons full of which will enable a cripple to rise from his bed, put on a pair of tight shoes, eat a good dinner, and afterwards dance a hornpipe. Surely one remedy for a disease is sufficient; my only fear is, that unless we can find out some new diseases, for which as yet there are no remedies, the Faculty must starve!

"A Constant Reader."

"Although from the conclusion of this letter, it is evident that the writer of it means to treat Dr. Kinglake's proposal with ridicule, yet it will naturally be concluded, that what he has asserted respecting the late Dr. Gregory is strictly true; and, if true, it would certainly have been an important fact.

"It was indeed a very current report at the time of Dr. Gregory's death, that he had been accustomed to bathe his feet in cold water, and had done so the evening before that event took place. But, upon the authority of those who had the best opportunities of knowing, we can inform the public that this report is entirely groundless; that, on the contrary, Dr. Gregory, who had often been subjected to severe attacks of the gout, was at much pains to keep his feet warm; that he had no symptoms of gout for many months before his death, having enjoyed a much longer interval of health than usual; that, on the very day preceding his death, he had dined abroad with some friends,

and had supped with his family; that he had not bathed his feet the night before he died, and was left by his son, the present Dr. Gregory, at half an hour after twelve o'clock, preparing his lecture for next day, and apparently in perfect health; but was found lifeless next morning; and that from the undisturbed condition of the bed-clothes it was concluded he had died without a struggle."

The Editors then proceed to say, "But although the sudden death of Dr. Gregory affords no objection against Dr. Kinglake's proposal, yet we are very far from asserting, that the application of cold wet cloths to a part inflamed, and painful from gout, is a safe practice."

Such is the refutation which a zealous and unbiassed love of scientific truth, has enabled me to quote on "A Constant Reader's" unqualified assertion, that his statement of Dr. Gregory's case possessed an "authenticity on which he (Dr. Kinglake) may depend." *Humanum est errare.*

I am, &c.

Taunton, Oct 28, 1803. ROBERT KINGLAKE.

To Dr. BRADLEY.

SIR,

IF you and your Readers are not weary of the subject, I have now transmitted for insertion in the Journal a few further Remarks on the Doctrines advanced by Mr. Ward, respecting the modus operandi of opium. This writer, Vol. vi. p. 480 of the Medical Journal, says, "Opium joined with other antispasmodics and tonics;" a few lines lower down of the same page, he declares his belief that opium acts more directly and simply as a sedative when applied externally than when given internally. Here then is an inference that its action is in both modes sedative, but more directly so outwardly than inwardly. Now I cannot conceive how it is possible to reason fairly in this manner, seeing that whatever is its actual power (and we know it to be very great) one way or the other, it certainly will exert that power more quickly and forcibly on such an organ as the stomach, than on any part of the whole external surface that can be mentioned; that it may act more simply ab externo will be readily allowed, but more directly is quite another thing: the cases Mr. W. has so clearly communicated, where opium was externally applied, are exactly so many

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many proofs of his using it as a tonic, unless he will say they were all sthenic diseases, which I am confident he will not.

At p. 441, Medical Journal for July, 1799, the case of G. P. is related: A typhus, in which Mr. W. exhibited five grains and a half of opium to a subject fourteen years of age in forty-eight hours. Did he believe he was administering a medicine calculated to diminish the tone of the system, or a sedative? The effects he has recorded are an answer, for if any share of the success arose from opium, it was evidenced by abatement of delirium, tranquil sleep, reduction of fever, return of appetite, and lastly his pulse, which had hitherto varied from 100 to 120, was now only 80, but *stronger*. Were all these valuable changes wrought by any substances acting as sedatives, or medicines which "directly and powerfully" diminish the powers of the body? The remainder of the narrative contains farther proofs of the tonic action of opium internally and externally.

The succeeding cases are by Dr. Percival, both of which are additional proofs of the force of truth; it cannot for an instant be supposed that a practitioner of Dr. P's allowed skill and accurate observation, would have directed the use of laudanum as a sedative, or diminisher of the powers of the human system, to a female forty-six years of age, labouring under epilepsy, anomalous gout, and temporary insanity. The same observation applies to his second case, of a gentleman of delicate make, ill of low fever, with delirium and a languid pulse; these symptoms were removed by the use of opium, externally applied and internally taken, but not I presume from its lessening the tone or vigor of the body; but this truly eminent physician shall give us his own words on this important matter. Describing the case of a debilitated epileptic young woman, in his Essay on Blisters, p. 228, he says, "She was seized with convulsions of the epileptic kind, and had six fits successively; she was cold, feeble and languid, and complained much of sickness and pain in her head." The following medicines were prescribed. ℞. Tinct. valer. vol. fuliginis a. ℥ß. laud. liq. gutt. xl. M. cap. coch. parv ij. omn. hor. in aq. spiritusque viij. gallici. Next day this patient got free of her fits and was better every way; not I presume from the debilitating effects of ten drops of laudanum every hour, but by the tonic property of this invaluable remedy conjunctly with the stimulants. Farther, Dr. P. in his cases of dropsy, vol. 2, of the same work, p. 157, says, "I found her quite exhausted with incessant retchings; her pulse was so

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so feeble as to be scarcely perceptible, her legs and thighs were affected with a most painful spasm; gentle cordials were directed to support the patient's strength, warm fomentations were applied to her legs and thighs, and an opiate was administered." The result of this judicious treatment was immediately some hours sleep and cessation of the vomiting. Will any advocate for the sedative action of opium, affirm that these salutary results arose from sedative remedies, or those which diminish animal energy and weaken the powers of life? Would Dr. P. have been justified in using opium in this case of extreme debility, if he had not known, from long experience, its excellent faculty of restoring the weakened energy of the frame, the most safely and speedily of any medicine within his knowledge or reach? I cannot take leave of this author without citing two more instances from his useful Essays, in confirmation of this point; these will be found at page 208 and 209, vol. ii.; the one a confluent small-pox, accompanied with convulsions and extreme debility, both relieved by opium in clysters and by the mouth; the other, a lady of a delicate habit, much enfeebled by scurvy, hysteria, anorexia, delirium, convulsions, &c. with a quick, fluttering, irregular pulse; a grain of opium every night with other tonics and stimulants proved curative. Opium is an agent of the most powerful kind; if this power over the functions of the human body were of the depressing, debilitating, sedative kind, which Mr. W. believes it to be, I am afraid Dr. P. would have had but a small chance of being serviceable to his patient. Before quitting this part of the subject it will not be inappropriate to observe, that although Dr. Cullen, after, as Mr. W. says, "a close investigation," places them, i. e. wine and spirits, among the narcotic sedatives or opiates, and says, that at first they both banish languor and promote cheerfulness if the quantity be gradually increased; yet, "at length the sedative power entirely prevailing, the animal functions both of sense and motion are gradually weakened, &c." Here we have one of our greatest writers on the Materia Medica arguing for a powerful medicine containing two opposite qualities, whereas it is well known that no man depended more upon the tonic powers of opium in his whole First Lines of the Practice of Physic, nor has any practitioner given more cautions against its administration in sthenic diathesis, where sedatives are so eminently serviceable; but it is curious enough to observe how often theory and practice are totally at variance in the works of many justly esteemed medical authors. As

proofs

proofs of what is here advanced, the reader will doubtless recollect sufficient instances in Dr. Cullen's valuable work just mentioned; but lest he should not, I presume to quote his treatment of Rheumatism. Paragraph 468, "Opiates, except when they are directed to procure sweat, always prove hurtful in every stage of this disease." Now, if opium be a sedative, or medicinal agent, which when introduced into the human body diminishes power or lessens sthenic diathesis, why does Dr. C. not give it rank amongst all those agents which he has enumerated as curative of a sthenic, or as he terms it, an acute disease? He would certainly have done so, had he not practically known that opium was a tonic stimulant. The whole tenor of his great work may be adduced in proof of this fact; he always directs its use in cases of direct and indirect debility, and condemns it in the opposite states. Turn to Par. 570, "In the painful and restless nights of the gout, opiates may be given with safety and advantage, especially in the case of persons advanced in life and who have been often affected with the disease." Shall proofs be multiplied, go on to Par. 580, and we find opium the author's sheet anchor, when this highly asthenic disease has attacked the stomach.

Par. 620, on Small-pox; 802, on Hæmorrhagies; 923, on Phthisis Pulmonalis, where we find that opium "certainly increases the phlogistic (or sthenic) diathesis of the system, but commonly it does not so much harm in this way, as it does service by quieting the cough and giving sleep," i. e. by removing debility pro tempore, cessation from coughing follows and sleep succeeds of course. Farther, "Opiates are supposed to be hurtful by checking expectoration; but they do it for a short time only, and after a sound sleep, the expectoration is more easy in the morning than usual." Now, unless a man be so impregnably shut up in theory as to be invulnerable, he will never call Dr. C's system in aid of proof of the sedative properties of opium; but as this author ranks deservedly high in the public estimation, and must be looked up to as an authority of great weight, I shall therefore recall to the observation of those who choose to pursue the subject what he says at Par. 1014, when treating of difficult menstruation: "We impute this disorder partly to some weaker action of the vessels of the uterus, and partly perhaps more especially to a spasm of its extreme vessels." "We have commonly found the disease relieved by employing some of the remedies of suppression, (i. e. tonics, vide Par. 1004, 1006) immediately before the approach of the period, and at

at the same time employing opiates." But Mr. W. says, opiates diminish energy, lessen action, and weaken the system.

How came Dr. C's practice in Dysmenorrhœa to be successful? Or it may with no less propriety be asked, how he came to forbid opium in the early stages of catarrh if it be a sedative, whilst he recommends sedative remedies of far less power? No, he directs its use in the advanced state of this disease, when debility has supervened, vide Par. 1066. The reader may afterwards turn his eye to the diseases termed dyspepsia, hypochondriasis, epilepsy, &c. all of which admit the same remarks. In Par. 1342, we have the whole question settled thus, "When the disease (epilepsy) depends upon a plethoric state, in which bleeding (a sedative remedy) may be necessary, the employment of opium (a tonic remedy) is likely to be very hurtful; but when there is no plethoric or inflammatory state present, (sthenic diathesis) and the disease seems to depend upon irritation or upon increased irritability (asthenic diathesis) opium is likely to prove the most certain remedy." Or, in the same way, at Par. 1463, cholera is directed to be thus managed, "Or when a dangerous debility seems to be induced, the irritation (arising from that dangerous debility) is to be immediately obviated by opiates in sufficiently large doses, but in small bulk, and given either by the mouth or by glyster;" and it is thus we are directed to act with a medicine which Mr. W. has taken no small pains to prove is one of the most powerful debilitants in the circle of the Materia Medica. In short, as I have already observed, we might thus traverse the whole of the First Lines and make similar remarks. What have been adduced are sufficient; it is time to return to the Observations, where we shall in vain look for any reasoning which will overturn the Cullenian practice; on the contrary, the very next instance in Mr. W's first paper, p. 445, is corroborative of the justness of Dr. Cullen's practical remarks, illustrated by a case of chronic rheumatism of "seven months continuance," which fell under Mr. W's care: Ease and rest were only to be procured by opium; when it was combined with sedatives or debilitants its effects were destroyed." And no wonder they should; when its effects are diametrically opposite, how could they be expected to act conjunctively? And who anticipates a beneficial result from aperients (sedatives) in chronic rheumatism? I sincerely hope Mr. W. will never suffer one hour's pain of the same kind I have endured from this miserable disease; if however he should be

be so unfortunate, I can assure him he will be thankful there are such medicines as tonics, and he will gratefully acknowledge that opium deserves to stand at the very head of the number. The inferences from this case are all convincing arguments of the tonic powers of the remedy, if the disease to which it was so assiduously applied be allowed to rank with the asthenic class, which I presume no practitioner will controvert; as to the difference of its effects when internally and externally applied, Mr. Ward's observations afford opportunities of speaking more at large hereafter.

Humanity shudders at the bare mention of Hydrophobia. Should the observer's suggestions on this head be adopted, and crowned with success, he will have acquired a never-fading laurel; although I ardently pray this may be the case, I would not have this honourable badge sullied by a misconception of the true nature and wonderful powers of the agent by which such fame is obtained, which will most certainly be the result, if he persists in calling opium a sedative and hydrophobia an asthenic disease. The truth of the latter assertion is as clear in my estimation as that tetanus belongs to this class, and that if opium be able to cure them it must be from its highly tonic properties; that it will effect this most desirable of events is well known by experience as to tetanus; I trust an occasion will be long wanting to both of us to put it to the full test in hydrophobia. In the other parts of the treatment of this disease, as recommended by Mr. W. he has inserted two lines of some importance to my views, viz. "to support the strength, glysters consisting of good broth, or milk with thirty or forty drops of laudanum in each, p. 448; no animadversion is necessary.

Vol. vi. p. 6, of the Med. and Phys. Journal, affords a continuation of the observations as to the external use of opium. The case of J. Jackson, a debilitated maniac with a fractured leg, is the only case recorded in this paper; but it is an additional one to prove the tonic powers of the remedy, if a feeble pulse of 120 in a man of fifty-three years of age, incessant muttering, universal tremulous, tongue and gums furred with brown streaks, and continued watchfulness, are so many proofs of asthenic insanity. That I have always found them such during an extensive practice in this department I may safely aver, and that opium with other tonics, under due regulation, have always proved curative; nor do I hesitate in saying, that if as large a dose of opium had been given internally to Jackson, as Mr.

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Mr. W. we shall hereafter find, exhibited to some persons by way of experiment, merely to endeavour to prove its sedative action, he would have reaped every desirable benefit, and been as tranquil as he was the morning after the friction, which we are told had the effect of reducing the quickness of the pulse, and reducing it just so much nearer the healthy standard, as the medicine proportionally took off debility by communicating its tonic energy. The few drops given in a draught (five every four hours) were not equal to the production of any such effect; but when we have such clear evidence of the salutary effects of half a drachm of opium introduced by friction into the system of a maniac, it cannot be otherwise considered than as a great acquisition to the modus curandi. There are other points in this case evidencing the tonic action of opium, besides returning reason and slowness of the pulse, such as increase of appetite, notwithstanding Mr. W. contends farther on, that it always diminishes the appetite when taken internally. But here is a case proving the contrary; far on in the treatment the sufferer took two grains every night, which, as before remarked, had he done at the first, the same beneficial effects had followed; that it must have acted as a tonic, when externally used, and not as a sedative, is manifest, if friction itself be a tonic stimulant, and quicker absorption the consequence; but if the reverse be the fact, that is, friction produces torpor, and opium when thereby applied to the lymphatics diminishes their action, then indeed it is a sedative, and every thing must be conceded to Mr. Ward's reasoning.

Vol. vi. p. 387, affords a case successfully treated by opiate frictions under the care of Mr. White, of Bath, which perfectly corresponds with all I have hitherto seen in confirming the tonic powers of opium. Mr. White's patient laboured under a number of symptoms originating in debility, evidenced by the quickness and feebleness of the pulse, all the distress was apparently removed by the rubbing in of ℥ß tinct. opii on the abdominal surface. Mr. White gives no opinion on the modus operandi of the opium, but concludes his narrative thus: "Her pulse was reduced to 96 on the third day, which before was exceedingly quick;" that it was feeble had been before remarked, so that its reduction nearer to the standard of health, and proportionate removal of feebleness, are effects attributed with every other success to the opium; of consequence, if this be true, the stimulus of the friction with the tonic power of the remedy restored the patient.

In the same volume, likewise, at p. 431, and sequel, will be noted a continuation of the subject by Mr. Ward. Two cases are there recited; the first, by Mr. Jenkinson, is one where great prostration of strength was the cause of all the mischief; but not being informed what quantity of opium was exhibited in any way, no opinion can be given, whether it was merely sufficient to remove the direct debility, or whether in such large doses as to superinduce the indirect. From what is said however, it may safely be inferred, that the good effects arising from the remedy in this poor woman were owing to its tonic power; for Mr. J. says, "Her life was thereby certainly rendered more comfortable, and her existence prolonged several days." No sedative power could be applied but must have been productive of opposite consequences; of this truth I am as fully persuaded as of any one acknowledged not to admit of doubt.

Mr. Boutflower's tetanic case comes next, and from which nothing can be deduced in the remotest degree but what tends to confirm the general opinion of the asthenic nature of the disease. That it was removed by opium is not less apparent, and that it would have been so removed by its internal exhibition is equally certain; for it is observable, Mr. B. commenced its exhibition in doses of one grain every six hours, which would probably have been too large a quantity for his young patient under any other circumstances; but in the outset of this hourly encroaching disorder it certainly was too small, for he subsequently bore with advantage two grains every night besides ʒij tinct. opii by friction every twelve hours. Will it be said by any medical artist, that when the external application was left off, if a proportionate increase had been made in the internal, a cure would not have been effected? Let it not be thought that by this or any similar remark, I would presume to call in question, or doubt the salutary effects of opiate friction; so far from it, I highly esteem the improvement, inasmuch as it enlarges the bounds of utility of this noble remedy; I only wish to be understood to firmly believe in the uniformity of its action and effects, however applied, and that it is always capable of increasing the tone or vigour of the system. The whole of what has been said on the last case is confirmed, if confirmation was wanting, by the practice of M. Mursuina, of Berlin, an outline of which we have at page 280 of this volume. At page 481, the case of Jackson is again brought forward; in addition to what I have already said, I may be allowed to observe, that if this man had been bled, purged, and undergone the too common routine of debilitating practice, I believe the sheers

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sheers of Atropos would speedily have performed their office; or had he escaped such a termination of his complaints, confirmed insanity or perpetual idiotism had been his lot. The rest of the cases inserted in this paper all tend to confirm the tonic powers of opium; the one immediately succeeding Jackson's was a female patient, "sinking fast, her pulse very rapid and feeble, and she had a tendency to delirium." Farther, "Wine, which in this state seemed highly requisite," (as a stimulant I presume, and of course temporarily to remove debility, for this must be the idea of all who believe in its stimulant powers as they are termed) "but she refused to take it; its place therefore was supplied"—by what? Why, Mr. Ward says, by a most powerful sedative, and the patient's "pulse and intensity of heat were gradually reduced, the diarrhœa was stopped," and I presume her fast sinking prevented; not by a remedy which produces torpor, diminishes vital energy, destroys power, &c. the uniform effects of sedatives, but by one which acts diametrically opposite. But lo! the medicine, which a page back ranked with the tonics, is now, in the inference drawn from Baylis's case, become a powerful sedative, owing to which property it was found to "diminish irritability, sensibility, and mobility of the system." Nothing is said of the debility which was the foundation of the whole mischief, and which the highest known tonic stimulant alone could remove from its very base, consequently all the edifice of symptoms must give way, and finally also be removed; indeed, this case is a striking illustration of the truth, that opium is not in any other sense a sedative.

Mr. Ward mentions, with strong emphasis, the effects of the remedy on the pulse, viz. That whatever was its alteration in any other respect, its "frequency was diminished." I ask, can there be a more prominently striking proof of the invigorating agency of the medicine? for unless Mr. Ward means to prove that its frequency being diminished, its force became weaker, and that this increased weakness was useful and proper, he can, in my humble opinion, prove nothing at all, but what must strongly tend to determine, in the most direct manner, the question at issue against his theory.

Chester, Oct. 8, 1803. G. NESSE HILL.

CASE

Case of a Variety of Intermittent Fever, &c. by C. L. Dumas, *Member of the National Institute, President of the Society, &c.*

[Concluded from p. 430.]

7th. THE patient appeared sufficiently calm this day. The author thought proper to reduce the dose of bark; two drachms only were ordered at five o'clock in the morning, and a drachm every six hours, until the moment of the paroxysm on the ensuing day, and which came on much more early than was expected, being at least two hours sooner than the period of the preceding paroxysm. The only bad symptoms remarkable in this fit were those of hydrophobia, the others were hardly observable. In the intervals of calm that occured between the symptoms already described, the patient seemed to enjoy his mental faculties completely; the horror of water only remained, and for which he had an antipathy that no reasoning could shake. The access finished later, and consequently continued longer than the last.

The 8th, M. Dumas profited of this day's intermission to push the bark in larger doses, and resumed his first quantity of half an ounce at once, and a drachm every six hours. This day was remarkable only for a copious sweat, and a continued tendency to drowsiness.

On the 9th, the hour of the paroxysm was not remarkable for the slightest degree of fever, deglutition only became more difficult; aversion for liquids was perceivable; in the night a slight degree of fever made its appearance, with some delirium, but unaccompanied by any effort to bite, &c. The access was become almost null or at least much moderated in comparison to the preceding, and it was terminated by abundant sweats and quiet sleep.

The following day, Sept. 10th, the patient was extremely low, having hardly force sufficient to stand upright; the desire of sleep was unceasing, and he complained of great thirst, but no disposition whatever to eat. He was ordered to continue the bark, but at greater intervals, and in smaller doses; two drachms were taken morning and night, and in the day the dose was reduced to a drachm. During the three or four following days there was neither fever, delirium, nor hydrophopbia; a convalescent state was manifest, and the patient was recommended to continue for some time longer the use of the bark.

CASE

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Case of Tinea; by M. Baysillance, M. D. *Member of the Society of Medical Instruction, at Paris.*

A. B. aged eighteen years, of a lymphatico-nervous temperament, born of healthy parents, having many brothers who enjoyed good health, experienced no complaint in her early years, which had any relation to the one in question. At five years of age, having frequented children affected with tinea, and using the same comb, small buttons, at first few in number, appeared in different points of the head; in the beginning, slight itching only was experienced, but this considerably increased, as well as the pimples, so that these last now covered the entire hairy scalp, forming scabs which frequently dried, fell, and returned again; a considerable quantity of insupportably fœtid matter constantly oozed from the surface. This person underwent different kinds of treatment, the most exact and regular of which was when she was nine years old. She was purged every eight days. Soap suds and volatile alkali were applied topically, and latterly water-cresses boiled in hog's lard, was used; this treatment was continued three months; the scabs disappeared, but soon returned with the same intensity. On the application of any greasy substance the scabs disappeared. At the age of fourteen, the menses appeared, at first in sufficient quantity, but afterwards with great irregularity, without however occasioning any change in the state of health; at this period the scabs disappeared, and the girl was supposed to be radically cured; at the end of a month, however, the complaint returned, but less severely; the pustules and scabs came and went frequently. When the author saw the patient, she was in the following state: The body was much emaciated, the health was however good; the lymphatic glands of the neck, arm pits, &c. did not seem affected. The head, cleared of the scabs, &c. presented a considerably red appearance; viewed through a lens, there was remarkable, 1. Small round ulcers at the root of each hair, from which oozed a yellowish matter. 2. The hairs which appeared to float in the centre of these ulcers, were easily withdrawn without creating any pain, their root was covered with a matter thicker than common pus. The treatment* was commenced by some pur-

* This method had been previously employed by M. Dubois, in the Hospital of the Medical School, called Ecole de Perfectionnement, of which he is chief Surgeon.

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purgatives composed of 24 grains of jalap and some sugar, and which was renewed every eight days during the care. After cutting the hair as closely as possible, the head was rubbed with the following ointment, composed of linseed and juniper berries, reduced to a coarse powder, of each six ounces, thirty leaves of laurel bruised; the whole boiled in two pounds of lard. On the sixth of February, the patient was ordered to use the following medicine: Mild muriate of mercury, an ounce; fixed salt of tartar (tartarite of pot-ash) and ipecacuanha of each a drachm and a half, boiled in a pint of water till reduced to half; of this a large spoonful was taken night and morning. On the tenth, the mouth became sore, when the medicine was suspended. On the eleventh, it was resumed. On the twenty-ninth, in the dose of a tea spoonful in the twenty-four hours. On the fourth of March, the quantity was doubled. On the fifth, the head was clean, and the small pustules, already mentioned, only were perceivable. On this day, the author began to pull out the hairs with a dissecting forceps. On the twelfth, all the parts where the hair had been withdrawn, appeared perfectly well; here and there small tubercles remained in those places where the hair had been broken; on being opened and viewed through a lens, the disposition of the scabs was very perceptible. On the twenty-fourth, a blister was ordered to the left arm, and continued for three months; the work of pulling out the hairs was continued, and the pomatum already mentioned was changed for one made of fresh, red, rose leaves, in which a drachm and a half of common salt was mixed. The thirtieth every treatment was laid aside, except the blisters, which continued some time longer. The patient was purged twice.

The seat of tinea being, according to the author, in the corpus mucosum, adjoining the roots of the hair, he thinks there is no other way of combating the disease, than by causing their destruction. This is the opinion of many moderns, as well as the ancients. The very great pain attending this remedy, has given rise to many methods, none of which appear to the author to be preferable to the one he has mentioned. Tearing out the hair must be preferred in every case, except where the disease is complicated with caries of the bones of the head. The length of the operation may be objected to, but humanity sets this consideration aside. The author recommends the head to be constantly besmeared with the ointment during the extraction, and to extract only the hair of the diseased part; here they easily give

give way; and lastly, to repeat the operation if the complaint returns.

We have reported this in the author's own words. The mode of treatment is the same as that practised by Professor Dubois, and in which we can find nothing new or remarkable, but the laudable patience of the author in pulling out the hair of the diseased part. We cannot see the use of the singular mercurial composition of which he makes use; and if the pulling out the roots of the hair in the diseased part, effects the cure, which we believe, what is the object of the ointment, unless it be intended to act as common grease? But above all, what is the view of blistering the arm, except it be to act as an issue, in which case as effectual and less troublesome means might be employed?

Humoral pathology is a doctrine very prevalent in the French school. The ideas of derivation, revulsion, metastasis of humours, &c. are found in the most modern practical books; diseases of the skin are treated with all the precautions connected with the belief of the affection being caused by humours, which, thrown back on the constitution, become dangerous. In the histories of most cases we are informed the person had some years before the itch, or some such affection, which was incautiously treated; hence we can understand the intention of purging mercurial preparations, issues, &c.

Copy of a Letter from Mr. Weston, Surgeon, of St. Ann's Bay, Jamaica, to Mr. Ring, dated Sept. 19, 1803.

SIR,

EMBOLDENED by my experience of your goodness, I take the liberty to request you will be pleased to send me, per packet, (which sails monthly) a few ivory points coated with vaccine matter.

After I had the honour of being introduced to you in London, by my friend Mr. Wilson, you sedulously and most benevolently instructed me in every thing that appertained to the vaccine disease. A spark of your philanthropic ardour fired my mind; and I came hither with sanguine expectations of diffusing and perpetuating (what I conceive) the greatest good which God in his benevolence has given to mankind.

With

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With the matter I obtained from you on ivory points, I inoculated my own children, and twenty others, the day after my arrival. I roused the public attention to vaccination by my communications in the periodical works of this country; and propagated the matter to every part of the island. I received by letter from upwards of sixty practitioners, congratulations on the re-appearance of the vaccine disease. But, alas! the hot season set in; and I was mortified and disappointed in being obliged to acknowledge the lamentable fact, that in a temperature of 90, the vaccine matter loses its activity, and becomes absolutely effete. Assured *now* of this fact, I have presumed to ask a supply of you. We have eight months of the year, in which the thermometer is below 80; I therefore propose to propagate the disease on the coast during the winter; and in the summer months translate it to the mountains, where the temperature is occasionally under 70. I am prompted to this exertion by a consciousness, that with pains we may perpetuate the vaccine matter in this country; and I have ascertained beyond cavil, that the Negro habit is susceptible of the disease; having in several hundred instances seen it in them characteristically marked. My knowledge of the great sacrifices you have made to disseminate this benign practice, is a sufficient assurance that you will pardon this trouble.

To the Editors of the Medical and Physical Journal.

Gentlemen,

In the foregoing account, we are not informed at what period the matter was taken, nor whether it was inserted in a fluid state; and consequently, notwithstanding I entertain a high opinion of Mr. Weston's abilities, it is impossible to determine whether the failure in the hot season was inevitable.

I cannot dissemble my own opinion, which is, that if the virus be taken as soon as it is secreted, and immediately inserted, vaccination may be perpetuated in any part of the globe.

But it is necessary to bear in mind, that in Negroes, the progress of the disease is more rapid than in Whites. In the former, the desiccation of the pustule takes place on the sixth day. Such, at least, was the result of experiments made in Paris; of which I have given the particulars in my Treatise on the Cow-pox, p. 791.

From this statement it appears, that in Negroes, the vaccine fluid should not in general be taken later than the fourth or fifth day.

In the beginning of April, when I was inoculating at the Central House of the Royal Jennerian Society, previous to the appointment of a resident Inoculator, I supplied Mr. Bulmer of the Strand with some cow-pock matter on vaccinators, for Dr. Longmore of Quebec; which he inserted in the month of June with success.

In April, 1802, Dr. Longmore had introduced vaccination into Quebec, by means of matter received from a gentleman of Richmond, whose name is not mentioned. This matter was ninety-one days old.

From that stock he inoculated nearly fifty persons; and other practitioners, to whom he gave the virus, inoculated with equal success. In consequence of the heat of the summer, and the want of a succession of patients, the virus lost its virtue; and Dr. Longmore informs us, in an Address to the Public on Vaccination, published in the Quebec Gazette, for the 11th of August last, that although, since the period alluded to, he had made repeated attempts to procure a fresh supply from England, he could never again inoculate with effect with any matter he received, till the arrival of that which produced the affection in June last.

When Dr. Longmore published his Address he had vaccinated upwards of thirty patients with the virus he received from me; and with the same complete success as in the preceding year. He had also put the patients vaccinated, in both seasons, to the most severe tests of variolous infection, both in the natural and artificial way.

In his Address he offers to inoculate the inhabitants of Quebec gratis, twice a week, at the Hotel Dieu in that city.

The introduction of the new practice into Canada is of the more importance, on account of the severity of the small-pox in that country; for Dr. Longmore informs me, that when it prevails there, even in those cases where, from the humanity of the British government, every indulgence both with regard to medical assistance and other necessaries, is extended to those who labour under the disease, it generally proves confluent and fatal. This is supposed to proceed from their habits of life, and from the paint and other substances with which their skins are besmeared.

From the enquiries which Dr. Longmore has hitherto made, it does not appear that the cow-pox in the cow is known in Canada.

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One practical observation which he has made, both in the inoculation of the small-pox, and in that of the cow-pock, is, that those persons who have the fairest skin are the most susceptible of infection.

I lately received from Dr. De Carro, a work entitled The History of Vaccination in Turkey, Greece, and the East Indies. This publication has no tendency to corroborate the opinion, that the cow-pock is a preventive of the plague. It rather confirms the opinion I gave in my Treatise, p. 1026.

An instance is there given of a child vaccinated by Dr. La Font, a French physician of Salonica, who succeeded in producing the cow-pock, by inoculating a cow with equine matter, as others had done before, in England and in Italy. Two other patients of Dr. La Font have since had the plague; and one of them died of the disease.

By a letter which I have just received from Dr. Jenner, I find, that he has little or no confidence in the statement lately given of the anti-pestilential virtue of the cow-pock. It is, indeed, an opinion not warranted by analogy, nor by sufficient evidence.

I have reason to believe, that in the accounts lately transmitted, there is great exaggeration; and it is much to be regretted, that men of learning and ingenuity should hazard the lives of themselves and others, in such vain experiments, and visionary pursuits.

New Street, Hanover Square, I am, &c.
November 19, 1803. JOHN RING.

DESCRIPTION *of a remarkable Species of* INTESTINAL VERMES; *communicated to* DR. MILLER, *by* JAMES S. STRINGHAM, *M. D. Professor of Chemistry in Columbia College, and President of the New-York Physical Society.*

THE relation of occurrences, which from our reading and observation, we find seldom to have presented themselves to the eye even of the most experienced medical practitioners, is a duty incumbent as it is important. It is by this means that the limits of our inquiries are extended, and that we are prepared to encounter events, the existence of which we might never have suspected, till, by a fatal termination of the disease, dissection points out to us the presence of circumstances, of which, had we been pre-

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viously aware, a different plan of cure would have been adopted, and the life of the patient probably preserved. This is a mode of acquiring experience truly humiliating; but how is it to be avoided, unless every physician, while he derives benefit from the observations of others, endeavours, at the same time, to contribute his mite towards the promotion of general knowledge, by a careful and faithful delineation of such particular occurrences as he conceives to be new and interesting? Under this impression I feel myself impelled to offer to your consideration the history of a case, the singular termination of which excited no small degree of surprise in all who witnessed it.

About nine months ago I was called upon to visit a lady in this city, who had been for some time in ill health. I found her somewhat emaciated. She had little or no appetite; complained of almost constant pain in the breast, near the xiphoid cartilage of the sternum; she had no cough; respiration was perfectly free and easy. I took from her a small quantity of blood, ordered a cooling purgative, and put her upon the use of the digitalis, with a light diet. This plan was persevered in for some time, till she took forty drops of the tincture, three times a day; beyond this it affected her head and stomach. Finding, however, that this did not produce the desired effect, I added a blister, which I kept discharging for several weeks. By this her complaints were so much relieved that I considered any further attendance as unnecessary. My patient went out of town, and I heard no more of her for several months, when she again sent for me. She informed me that she had continued free from her pain for a considerable time after the blister had healed, but that it had again returned, and, as she thought, with increased violence. The complexion was pallid; her pulse weak and irregular; her appearance much more emaciated than when I saw her last. I again put her on the same treatment, and again the blister relieved her pain: the suspension however proved but temporary; her former symptoms returned; in addition to which she also complained of great pain and soreness in the abdomen. I treated her upon the plan generally adopted where such indications exist, but without the least success; the pain in the abdomen particularly became extremely urgent, and she frequently told me, that when riding the smallest irregularity of motion in the carriage produced sensations almost insupportable. Her stomach had become so irritable, that every species of food was rejected as soon as swallowed; a constant tenesmus supervened,

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vened, although she voided no fæces unless assisted by cathartics or injections.

Finding every effort to relieve my patient ineffectual, that on the contrary her disorder appeared to be increasing, and her strength rapidly declining, I began to apprehend that death alone could alleviate her sufferings: I therefore entirely confined myself to palliatives, the principal of which was laudanum. She continued in this miserable state of existence several weeks, during which time the only moments of ease that she experienced were those passed in insensibility. On one of my morning visits to her, while in this situation, she told me that she was convinced in her own mind, that her complaints were kept up by some animal within her; that she could distinctly perceive its motion, particularly if she fasted for any length of time, and that she was compelled, by the uneasy sensations it produced, in her stomach, to endeavour to take food although she had no appetite for it, after which she felt greatly relieved. Supposing that her mind, enfeebled by the long-continued sufferings of her body, had become impressed with some of those incredible fictions, which report snakes and different kinds of reptiles to have become inhabitants of the human system, I at first ridiculed the idea; but finding that she was obstinately pertinacious of her opinion, I was under the necessity of promising to give some medicine which would dislodge the animal, should any such exist. For this I gave her a bitter infusion to be taken in the morning early, and at night a drastic purgative; which plan she was to continue every second day till she had taken three doses of each. I called to see her on the morning after she had taken the second dose: I was surprized to find her appearance uncommonly cheerful, and at her first salutation to me, "Doctor, I shall yet get well." On inquiring into the cause of this sudden change, her husband informed me that she had voided a considerable number of animals, of what kind he could not pretend to say, as he had never before seen any thing like them. The pot was shown me, in which I discovered a number of substances which I did not hesitate to pronounc animalcular. The nurse informed me that the medicine had operated very severely on my patient, and that she still continued to experience its effects. I requested her to convey another pot into the room, telling her that I should remain some time below stairs, and that if the medicine should again operate while I continued in the house, it was my wish to see what was evacuated. I had not waited long before my curiosity

was gratified; scarcely any fæces were to be seen; the excrements consisting almost entirely of these substances, some of which I had put into a bottle filled with spirits, in order to examine them more particulatly at my leisure. They were about three fourths of an inch long, and to the inferior part of the body of each were attached a considerable number of legs. On first view I thought they were separate parts of several large worms, and that what appeared like legs, were nothing more than the different laminæ of filaments of the skin, separated by maceration. But, on a closer examination, I rejected the opinion, because the back of these animals did not appear to be covered by skin, but by a firm cartilaginous substance; there was likewise an uniformity of appearance and structure, which is not observed in filaments of the skin thus separated, viz. they were vesicular, each resembling a distinct sack, distended with a fluid, colourless and transparent. For my own part I have very little doubt that they belong to the order of vermes molusca, and to that genus termed actinia. I consider those vesicles as tentacula or legs, by which they adhere to different substances while feeding on their prey.

That this particular species of worms should be found residents of the human body, is, so far as my reading extends, entirely novel. Considering it a duty to do all in my power to aid the laudable efforts of yourself and colleague for the diffusion of medical information, I submit the above case to your inspection, with liberty to make such use of it as you may think proper.

Yours, &c. JAMES S. STRINGHAM.

P. S. Since writing the above I have met with a case, described in the sixth volume of the Transactions of the Royal Irish Academy, by Dr. Samuel Crumpe, which bears considerable analogy to that which I have just related to you; so much so, that I suspect the worms to be of the same genus, but can by no means agree with him in his speculations regarding their origin. These animals are found frequently floating in different kinds of waters, and, from experiments, many of them have been proved to resemble the polypus, in its powers of being multiplied by cuttings. May it not then easily be conceived, that some fragments of them should be swallowed with the water which these two patients drank, and that by adhering to the coats of the stomach and bowels, they should have become so numerous as to produce the effects already described. It may be proper to add, that since the voiding of these worms, the health of my patient has been perfectly restored, and that she has had no return of her complaints.

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Case of Phthisis Pulmonalis, *successfully treated by Digitalis; communicated by* Mr. Dunn, *of Featherstone Street, Finsbury.*

ELIZABETH COULSTON, aged ten years and a half, of a delicate habit, about five or six weeks from the commencement of this history, had been attacked with fever, and which, as far as I could learn, was of an inflammatory nature. The medical gentleman who attended, bled her two or three times and administered nitrous medicines; the disease however continued to increase, and an affection of the lungs took place, plainly evincing a translation of morbid matter to those organs. Blisters were applied and nitre given, but to little purpose. The mother, who was but a poor woman, and could ill afford the attendance of an apothecary, where there was scarce any prospect of relief, and finding the child getting worse instead of better, declined his farther assistance. In this state she remained for better than a week, when I was desired to see her, and the following is an accurate statement of the condition in which I found her.

June 24, 1803. For several days past she had taken no medicine except a nitrous powder or two, the reliques of those which the gentleman who had attended had given her. The symptoms were, violent cough, attended with great pain and a spasmodic action of the diaphragm, drawing in the scrobiculus cordis during the fit, accompanied with pain; a considerable rattling noise in the throat, as if the bronchiæ were choaked up with matter; expectoration of a great quantity of thin matter; great emaciation; yellow countenance; facies hippocratica; the body reduced to a mere skeleton; hectic flushes; colliquative diarrhœa; dyspnœa; pulse quick and hard; violent pulsation of the carotids, which could be distinctly seen at a considerable distance beating with force; loss of appetite, pain, and inability of lying on the left side; with these symptoms were conjoined extreme weakness and faintings, insomuch that she could not stand or sit up without being supported.

Attentively considering all the symptoms, and the state of the pulse, I determined within my own mind that there was not a moment to be lost, and that energetic methods should be immediately adopted. The digitalis occurred to me, and I thought this a favourable opportunity for trying its effects, at the same time that I had more hopes from it, than from any thing else I could think upon.

 I began

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I began by giving tinct. digitalis gt. ij. every four hours, in an oleaginous mixture, with a small quantity of nitre in it.

June 25. Cough somewhat relieved; pain, expectoration, diarrhœa, and other symptoms much the same, the pulse rather slower if any thing; but no considerable alteration could be expected in so desperate a case in such a short time. Tinct. digitalis gtt. iij. every four hours in the same kind of mixture.

26th. Cough, diarrhœa, and expectoration, somewhat less. Pulse less frequent; hectic flushes continued, particularly in the morning and evening.

27th. Cough considerably abated, diarrhœa almost gone, expectoration less and thicker; hectic flushes the same, feet and ancles considerably swelled; pain across the chest gone; dyspnœa and rattling in the throat greatly relieved. Tinct. digitalis gtt. iv. 4tis horis sumendæ.

28th. Towards the afternoon yesterday the cough became worse and more frequent, attended with pain and drawing in of the umbilicus, which abated in the evening, on the coming on of the hectic paroxysm. This morning more cheerful, less fever and cough; had expectorated since yesterday morning a great deal of tough, viscid phlegm, consisting of fibres or threads; complained of an itching in the nose and about the anus, with costiveness. Suspecting there might be some worms in the intestines, I gave the following. ℞. Pulv. rhæi gr. viij. calomel gr. ij. aloes socot. gr. ij. M. ft. pulv. vesperi sumendus. Cont. tinct. digitalis gtt. iv. 4tis horis in the same mixture.

29th. The powder operated five or six times, and brought off a quantity of dark coloured fæces, but no worms could be perceived; which however might, if they existed, have been indiscoverable in consequence of the blackness of the stools. Cough very violent, expectoration increased, violent cramps in the legs during the night, spasmodic contraction of the extensor tendons of the feet and toes, feet swelled, periodical hectic flushes, accompanied with cough, recurring every four or five hours. Gave her a spermaceti mixture with a few drops of tinct. opii; and gave tinct. digitalis gtt. vj. 4tis horis.

30th. Much better; all the symptoms relieved; more cheerful; had slept a little; pulse about 70; cough and expectoration moderated very much; bowels pretty regular. ℞. Digitalis gt. ix. 4tis hortis.

July 1. Cough and expectoration diminished, and the paroxysms shortened; the drawing in of the umbilicus,

which

which had been all along productive of great pain and distress in coughing was also lessened. Speech more clear and distinct, hollow rattling in the throat quite gone, appetite somewhat returned; she drank milk and ate light puddings, toasted bread, vegetables, &c. Tinct. digitalis, gtt. xij. 4tis horis.

2d. Continues to get better; all the symptoms considerably abated, speech very distinct, cough very little, expectoration small in quantity and thick, pulse more slow and not so hard. Tinct. digitalis as yesterday.

3d. Much as yesterday, but complains of great faintness and inconvenience from the excessive heat of the weather. Tinct. digitalis gtt. xiv. 4tis horis.

4th. Continues very weak and faint, cough and expectoration very little; extreme debility the most troublesome symptom now remaining, the others being almost entirely removed.

5th. Pains in the abdomen about the umbilicus, at times very severe; the digitalis had occasioned some nausea and giddiness, diminished therefore to twelve drops to be given occasionally with the spermaceti mixture, when the cough was troublesome. As the chief complaint consisted in great weakness, I gave the bark with a small quantity of steel. ℞. Pulv. cinchon. ʒij. aq. menth. pip. ℥iv. tinct. ferr. muriat. gtt. xx. capt. cochl. 1. ter in die.

6th. Better; pains gone off; continued the same plan as yesterday.

7th. Cough and expectoration almost entirely vanished; something stronger; continued the bark and digitalis occasionally from this time to the

13th. Nothing occurred worthy of recording; there was a little return of cough now and then, when the balsamic mixture with the digitalis was had recourse to; the heat of the weather oppressed her very much; debility still considerable; appetite increased.

20th. Continued in a convalescent state, though from the debility and still continued excessive heat of weather, she regained her strength but slowly.

The pain and inability of lying on the left side (the lung, I imagine, to be the most affected) was very nearly gone, as well as the cough.

She continued to take the bark and stomachic bitters, with the use of the digitalis, on the recurrence of the cough, for a short time; she got gradually better, and is now a fine hearty plump girl, full of health and spirits.

This is a true narrative, copied from the notes which I

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daily took of the progress of the disease during the time I was attending the patient; and I think every one must admit the rapid recovery of this girl was entirely owing to the effect of the digitalis.. Though given in small doses, I adjusted it as nearly as possible to the state of the system, which was in a high state of irritability; and the increase even of two drops sometimes occasioned, as I have instanced, nausea and giddiness.

Should the Case tend to confirm the effect of digitalis in cases of phthisis, and increase its partizans, my intention in recording it is answered; as I think it certainly, if not immediately cure the disease, will in most cases so considerably diminish the vascular action, as to allow Nature, by her operations, to restore the diseased lungs to their former state, and to more healthy actions.

The tinctura digitalis which I made use of, was made as follows, according to Dr. Latham: ℞. Digitalis sicca et contusa, ℥j. spt. vini tenuis, ℔j. Digere per dies octo et cola.

October 12, 1803.

To Dr. BATTY.

SIR,

THE following communication is intended to shew the inefficacy of Digitalis Purpurea, of which so much has been said as to its specific effects in Phthisis.

After reading so many encomiums on the virtue of this well known plant, I was determined, the first convenient opportunity, to give it the fairest possible trial in two cases of phthisis pulmonalis; and this medicine was exhibited in the form of a tincture, made according to the formula recommended by Dr. Maclean, and which is inserted in the Medical and Physical Journal, vol. ii. p. 122.

The relation of the two following cases will point out the uncertain effects of this medicine, which is so generally well spoken of in diseases of this class. No doubt need arise as to the badness or impureness of the plant, as it was gathered in the beginning of July, when in its full vigour and blossom.

Before I draw up the cases, I think it necessary to remark upon what some authors have said, who have written in favour of the good effects of this plant in cases of phthisis pulmonalis. It is said, that in true cases of this disease,

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disease, where the following symptoms run very high, viz. hectic fever, pulse beating from 120 to 130 strokes in the minute, hæmoptysis now and then, great expectoration of purulent matter, nocturnal sweats, and sometimes diarrhœa: I say, it is said that in such cases the digitalis is capable of effecting the cure of such a malady; and which is performed by these means: It diminishes the frequency of the pulse, of course the fever must be abated, as also the hæmoptysis if present; it gradually checks the expectoration, consequently the bowels are less liable to be out of order, "as I am firmly of opinion, that it is in the matter swallowed from time to time that in a general way brings on this spontaneous kind of diarrhœa, as I have many times found that the stools of such patients consist of similar matter to that which has been coughed up from the lungs. All these symptoms are gradually made better, the patient begins to recover his strength, of course the night sweats disappear, and in the end he is completely cured."

I sincerely wish the two following cases would strengthen the above declaration; but am extremely sorry to say, that they prove very much to the contrary. I attended the patients myself, and made very accurate minutes, morning and evening, for three weeks successively, both of the state of the pulse, the quantity and quality of the matter expectorated, and the quantity of tincture given morning (ten o'clock), and afternoon (four o'clock).*

Case I. Thomas Wilkinson, æt. 33, by trade a grinder, of a spare habit of body, of the middle stature, a delicate and florid complexion. He was admitted into the Sheffield General Infirmary on March 6, 1801, and was then labouring under the following symptoms, viz. A hectic fever; the pulse beating 120 strokes in the minute; a troublesome cough and great expectoration, to the amount of from four to five ounces of purulent matter in the course of twenty-four hours; night or rather morning sweats, so as to wet his linen; in very hot or cold weather, hæmoptysis would come on, and continue a few days; sometimes he had a diarrhœa; debility, and loss of appetite.

This

* Dr. Maclean says, that from ten to thirty drops of his tincture, ter indies, is a sufficient dose, but I extended it a little further, and only bis indies, as I found by experience that when it was given so frequent as three times in the day, that it was the cause of keeping the stomach in a state of continual nausea. Pyrmont water was the vehicle which I gave the tincture in.

This appeared a fair case for the trial of digitalis; and after clearing the stomach and bowels, he was, on the 12th of March, put upon this indication of cure, which he continued regularly for three weeks, without the least benefit, as may be seen from the annexed table of minutes, made at the times of visiting.

Dates of visiting.	State of the pulse morn	State of the pulse even.	Quantity of tincture given morning.	Quantity of tincture given evening.	Quantity of matter expectorated.	Quality of the matter.
Mar. 12	120	120	drops 5	drops 5	about 5 oz.	pus
13	120	120	6	6	ditto	ditto
14	120	120	7	7	ditto	ditto
15	120	120	10	10	ditto	ditto
16	112	112	12	12	ditto	ditto
17	120	120	15	15	ditto	bloody
18	120	108	18	18	less	ditto
19	120	120	21	21	ditto	less so
20	124	124	24	24	more	pus
21	124	124	28	28	ditto	ditto
22	124	124	30	30	ditto	ditto
23	124	124	33	33	ditto	ditto
24	124	124	36	36	ditto	ditto
25	124	124	38	38	ditto	ditto
26	124	124	40	40	more	ditto
27	124	124	42	42	ditto	ditto
28	124	124	44	44	ditto	ditto
29	124	124	46	46	ditto	ditto
30	124	124	48	48	ditto	ditto
31	124	124	50	50	ditto	ditto
*April 2	124	124	50	50	ditto	ditto
3	124	124	50	50	ditto	ditto
4	124	124	50	50	ditto	ditto

CASE II. William Stokes, æt. 16, rather tall of his age, was of a plethoric habit, and had been ailing some time with pulmonic affections, attended with a cough and glandular obstructions about the neck. He was born of healthy parents

* On account of some aperient medicine that was given on the 1st of April, he omitted taking the tincture, and after the 4th he left it off altogether, not being at all relieved by it, as may be seen above; he however has been relieved by various other remedies; and continued lingering in this way, better and worse, until the beginning of April last, when his symptoms returned with more violence, and in the course of that month he died.

parents on the mother's side, but his father died some years ago of phthisis; his mother still lives, and is a strong, healthy woman.

He was admitted into the Sheffield General Infirmary, July, 1801, on account of the disease in his neck; at the same time he had the symptoms of phthisis, such as hectic fever, a small, quick pulse, beating from 125 to 130 strokes in the minute; coughed and spit up daily a great quantity of pus, which was sometimes streaked with blood; had night sweats, wandering pains in the thorax and about the sides, great debility, and loss of appetite. With these symptoms he was presently reduced from a plethoric state to that of an emaciated one. Various remedies were employed for some time, in order to lessen or subdue the symptoms, but all to no lasting relief; in the end, he was put upon the digitalis.

He began and continued the use of it exactly in the same manner for three weeks, as Wilkinson did, without the least variation, either in the pulse or the other symptoms;† at the expiration of the time above mentioned, he left off the digitalis, and was put upon palliatives, &c. for the relief of the cough and other symptoms. He continued gradually declining, until the July following, 1802, when he died.

In many other cases of phthisis, I have frequently remarked the disuse of digitalis.

I am, &c.

November 12, 1803. ROBERT EARNEST,
House Surgeon to the Sheffield Infirmary.

Observations on the Utility of amputating the Extremities of the Bones in Cases of Caries of the Joints; by M. MOREAU, M. D. *Communicated by our Correspondent at Paris.*

THE Author details a number of Cases where this mode of treatment superseded the necessity of amputating the entire extremity, and even without any considerable defect

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† Although the symptoms were not relieved, in either case, both the patients most assuredly were under the influence of the medicine, as they many times complained of nausea, vertigo, languor, and a loathing of their diets.

fect in the portions of the member. Although we find similar cases in the Memoirs of the Academy of Surgery, and in the works of Mr. White of Manchester, Mr. Parke, &c. yet we conceive it will be interesting to offer some extracts from the work of M. Moreau, whose practice, as well as that of his father's, tends to generalize very much the utility of this method. The first observation is that of a young man, nineteen years of age, with an enlarged elbow joint, which came on after a swelling of the axillary glands; abscesses had formed in the neighbourhood of the joint, communicating with its cavity, and opening externally. The operation is thus described: The patient was laid on his belly on a table, the posterior part of the arm turned upwards, and lying close to the edge of the table. With a scalpel he cut down, in the direction of the inner condyle, to the articulation; a similar incision was made on the opposite side, and the two were united by one across dividing the skin and tendon of the triceps, immediately above the olecranon. Having exposed the parts, he found the humerus bare and covered with asperities, the articulation full of pus and fungosities, &c. After having detached the flesh from the anterior part of the bone above the condyles, he placed the handle of the scalpel between the bone and the fleshy parts, and he sawed the bone directly over it, and in this way he detached the bone from the surrounding parts; on removing which, he discovered that the diseases of the bone extended farther, and which obliged him to cut some lines more of the bone. His attention was next turned to the fore arm; an incision was made from the external condyle along the edge of the radius; the head of this bone was separated from the surrounding parts, as well as its union with the ulna. A band of linen was interposed to protect the soft parts, and the bone was cut above the insertion of the biceps muscle, which it was of importance to preserve. A new incision, corresponding to that of the internal condyle of the humerus, laid the radius bare, and which, with the incisions already described, formed a quadrilateral flap, adhering at one side to the flesh, on the posterior part of the fore arm. This flap was equally detached from the diseased part of the bone, which he sawed at about an inch and a half from the olecranon. Notwithstanding the length of time the operation required, and the extent of the incisions, the wound was nearly healed the seventh day. Two years have elapsed since the operation, and the patient had so far recovered the use of this arm as to be able to thresh

corn.

corn. The extremity is shorter by three inches, the size of the limb somewhat diminished, but the person is daily acquiring the natural use of the part. Two similar operations, attended with equal success, were performed by the author's father.

The fourth observation of the author relates to an operation in the knee-joint; the state of the articulation and adjoining bones was nearly similar to the one described. The operation was performed by making an incision above the condyles, on each side of the thigh, between the vasti and flexor muscles; these incisions were united by a transverse one down to the bone, passing above the patella. Having detached the flap from the bone, on bending the knee, the state of the articulation was perceived, and the bone was sawed above the part that appeared diseased. In order to remove the superior part of the tibia, an incision was carried along the sharp edge of the tibia, and one of equal extent was made on the head of the fibula on its external side. The consequence was, one flap composed of the flesh situated in the interossial space externally, and a second triangular one, formed by the skin covering the internal surface of the tibia; the head of the fibula was first laid bare and sawed, after that the condyles of the tibia were separated about ten lines in length. Every thing succeeded after the operation, till the patient was seized with a dysentery, prevalent in the hospital, which carried him off in fifteen days.

The operations before described have been already performed by other surgeons, before M. Moreau, but the following, we believe, to have been attempted by him only. His fifth operation was on the ancle-joint; we omit the the details of this operation, since the principle directing the former operations apply here. It is useful to remark, that in these kind of cases, great embarrassment arises from the difficulty of exposing the bone sufficiently for the saw, considering the necessity for preserving the tendons, vessels, &c. surrounding this articulation. The difficulties do not exist in the articulations of the bones of the tarsus, the spongy structure of those bones is a reason why caries is seldom confined to the joints, and in which case the total removal of the bone became an easier operation. This is not the case with the os calcis; here it is necessary to preserve the attachment of the muscles, and work out the diseased part of the bone, as the author did in one instance; who, in the case where it is necessary to destroy this attachment, recommends taking off the limb. With respect

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respect to the bones of the metatarsus, notwithstanding that they may be carious, either entirely or partially, he recommends their extirpation when the disease extends through a great part of the bone; for in this case, the bones of the corresponding toes lose their support. If, on the other hand, the caries is confined to the base, the section of the diseased part only should be attempted. He observes, that he never experienced any troublesome bleeding from the arteria plantaris, and never found it necessary to tie it.

The author performed the operation once, and with success, on the wrist joint; he has not detailed the operation, but we presume the principles to be the same as those laid down in the operation at the ankle. In the case in which he performed it, the person recovered almost entirely the use of the joint.

The last operation which the author mentions, is one on the shoulder joint. An incision was made on the posterior part of the articulation, beginning at the apophysis acromion, extending downwards two inches; it was parallel to another incision, distant from the former about four inches, and which had been previously made, in order to give issue to a collection of matter that had been formed. A transverse incision was made superiorly, at six lines under the superior insertion of the deltoid; this flap was turned down, in order to expose the articulation. At each extremity of the transverse incision a new one was made, the anterior directed towards the humoral extremity of the clavicle, and the posterior towards the spine of the scapula; this formed a second flap, and by means of which he could discover the entire extent of the caries; the head of the bone, disengaged from its cavity, was sawed; the parts united in the usual manner, soon healed, and the shoulder had the appearance as if dislocated; the superior part of the humerus took a position on the ribs at the edge of the scapula anteriorly. The motions of the arm remained very perfect, except the power of elevation, which was very limited. In all the cases related, the lips of the wounds were united by sutures; in one case, where he could not employ them, he found that the parts did not unite so quickly.

Scarpa's Observations on several Diseases of the Eyes, *extracted from his "Saggio di Osservazione et di Esperienze sulle malattie degli occhi, &c." Pavia,* 1801.

On the puriform Running of the Eye-lids and on the Fistula Lacrymalis.

Mr. Scarpa distinguishes the last from the former disease in the following manner: Fistula lacrymalis, he calls that state of the saccus lacrymalis, when it is much extended, exulcerated, spongy, corroded, and sometimes attended with caries of the os unguis. The puriform running of the eye-lids takes place, if on a pressure of the sound lacrymal sac, a puriform, granulous, and yellowish matter issues through the puncta lacrymalia. This matter is not generated in the sac, but originates from the internal surface of the eye-lids, particularly of the lower ones, and is likewise secreted by the glandulæ meibomianæ.

This affection may be divided into four periods: 1. The matter is collecting itself in the sac, but finds an easy passage through the nose. 2. The passage being obstructed more or less, it begins to extend the sac. 3. The saccus lacrymalis is inflamed, corroded, and an ulceration takes place (fistula lacrymalis). 4. Caries of the os unguis supervenes. The cure of this affection differs according to the just stated periods. In the first, it is advisable to apply stimulant remedies, viz. the unguent. jannin. a diluted solution of vitriol. alb. The excoriations of the eye-lids are best removed by the unguentum citrinum Edinb. or by the cautious application of lapis infernalis. At the same time, aqu. plantaginis, with a little spirit of wine, must be injected into the puncta lacrymalia, till it has come into the sac. In the second period, an incision is made beneath the white macula, where the tendo and the ligament of the musc. orbicularis is situated, along the saccus lacrymalis, and a probe introduced into the nose through the canalis nasalis. The probe being taken out, a bougie of resina elastica is to be introduced; the cavity of the sac must be filled with lint. On renewing the dressing an ointment of red precipitate and gum arabic is applied to the lint, or the whole cavity is filled with red precipitate or alum, and the eye treated as in the former period. As soon as the sac has recovered its natural size, the lint is moistened with lime water and mel rosarum; and in lieu of the bougie, a small leaden tube is introduced, which being, after some time, extracted, the opening is suffered to

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to close. When the disease is arrived at the third period, the sac generally opens itself at an unfavourable place, on which account it is necessary to make an incision at the above indicated place, and to treat the wound in the same manner as before mentioned. In the fourth period, the sac is either found entire, but the os unguis internally corroded, or the sac is open and the os unguis carious. In the first case the sac must be opened and cleaned, by which the bone will be exfoliated and the sac soon be closed. In the second case it is necessary to apply the actual cautery, and to dress the wound with unguentum digestivum. A bougie of wax introduced into the opening, and the application of caustics, will in some cases produce the cicatrization of both the opening as well as the sac.

Trichiasis arises either from the eye-lids being turned inwardly to the eyes, the cause of which is not yet found out, or from the tarsus being turned inwardly, which may be occasioned by ulcers, scars, or a relaxation of that part. The cure of the first case is uncertain and defective. The author however effected a perfect cure in one case by making a small incision into the tarsus and cutting out a portion of the skin. If the tarsus be inverted, an incision in the skin near the affected part, and the cicatrix, thus produced, may in some cases be of great advantage.

The evacuation of blood produced by leeches is frequently insufficient in the *Chemosis*, in which case it is advisable to scarify the conjunctiva by means of a small pair of scissars, or to separate a part of the conjunctiva by a circular incision.

The simple *Macula Cornea* is but a slight superficial obscuration, produced by a chronic ophthalmia, which is preceded by a varixlike state of the veins in the conjunctiva and albuginea, or a dilatation of the small radicula of these veins on the surface of the cornea, whence a secretion of a transparent albuminous serum is produced in the substance of the conjunctiva, which covers the cornea. It is necessary to endeavour the contraction of the dilatated vessels, and to cut off their connection with the macula, which may be done by scarification; but the contraction of the vessels is best effected by the ointment of Janin.

Albugo and *Leucoma* are produced by an acute ophthalmia, in which a thick coagulable lymph passes into the substance of the cornea. A fresh albugo must be treated like the chemosis in the first and second period; but if the affection be old, such remedies are to be applied to the eye, which

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which promote the resorption. For this purpose Mr. Scarpa recommends: ℞. Aqu. calcis recent. unc. viij. sal. ammon. scrupl. ij. aerugin. gr. iv.; or the following ointment, ℞. Butyr. recent. unc. ß. tutiæ ppt. dr. ij. aloes, mercur. dulc. aa. gr. ij. The perforation of the leucoma and the production of an artificial ulcer in the leucoma are of little or no effect.

Ulcers of the Cornea are produced by the opening of a small abscess remaining after an acute ophthalmia, and such pustules should always be suffered to open by themselves. Ulcers of the cornea are of a livid colour, with thick irregular margins, painful, and secrete a corrosive matter. The best remedy is to touch them once or twice with lapis infernalis, till a cicatrization be produced. If a fungous excrescence arises in the ulcer it must be cut away with small scissars, together with the varices, after which the application of lapis infernalis is required.

Pterygium, is a preternatural membrane of a reddish livid colour and triangular figure, spreading from the internal cantus oculi towards the cornea; it consists of that part of the conjunctiva covering the cornea, which is degenerated, incrassated, and interwoven with varicous vessels. The triangular figure is owing to the conjunctiva adhering more strongly to the cornea towards the middle of it; the pterygium can be elevated in a fold. The cure of this complaint is to cut it away; sometimes a scar is produced, which obscures the cornea, but in a far less degree than the pterygium itself. Such pterygiums, which extend in the white of the eye, are separated only at the narrow part towards the end of the cornea, and cut away at their basis concentrically with the margin of the cornea. A tumour caruncula lacrymalis benignus is cured by the knife; but care must be taken not to cut away too much, lest an incurable running of tears should be occasioned. If the cicatrization does not take place, the part must be cautiously touched with lapis infernalis. The matter collected in the hypopyum is not real pus, but a coagulable lymph which exudes from the coats of the choroidea and uvea. The abatement of the ophthalmia will diminish the hypopyum.

Mr. Scarpa disapproves the incision of the cornea, as by the least wound of that part the inflammation may be increased, and the secretion of the matter augmented. In some cases, the collection of matter comes on so suddenly as to cause a great extension of the cameræ oculi; and it frequently happens that an exulceration, obscuration, and

 rupture,

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rupture of the cornea take place, through which the iris falls; all which is often attended with much danger to the life of the patient. In this case it is advisable to make an incision in the middle of the cornea, of the length of half a line; and having seized that part of the cornea where it is cut in with the forceps, to cut it off with a pair of scissars, so as to make an opening of the form of a lens, thro' which the matter, the lens crystallina, and, by degrees, the corpus vitreum, passes. After the operation the eye is to be covered with a cataplasm of bread and milk.

In the cure of a fresh prolapsus iridis, we must endeavour to diminish the irritability of the part which is fallen out, and to destroy so much of it that it may no longer distend the labia of the wound. For this purpose he recommends touching the iris with lapis infernalis or butyrum antimonii. The pains thus caused are diminished by luke warm milk. If the prolapsus be old, or the iris adheres to the lips of the wound, we may cut it away, and afterwards touch it with lapis infernalis. The prolapsus of the membrana propria of the aqueous humor rarely occurs; it appears as a small vesicle filled with water, passing through a wound or ulcer of the cornea. Sometimes it is a prolapsus of the corpus vitreum. It may be cut away with a small pair of scissars; or, if it be too small, it may be opened with a lancet or a needle, when the fluid will run out and the membranes retire. A prolapsus of the choroidea was cured by the author by touching the part with lapis infernalis.

Mr. Scarpa prefers the depression of the cataract, or the couching, to the extraction: 1. because it is a much easier operation; 2. it is adapted to every species of cataract; 3. it is less attended with dangerous accidents; and, 4. should the operation not succeed, it may be several times repeated on the same eye. The lens is not only pressed downwards by the needle, but also immersed into the corpus vitreum. Hence the patient must turn the eye, in order to promote the immersion, before the couching needle is extracted. It is likewise advisable to tear the anterior superfices of the capsula lentis, in order to prevent the obscuration of the capsula, in case it remains. The posterior part of the capsula is generally lacerated in the same manner; and if this should not be the case, an obscuration of this part is never so great as to hinder the sight. The lens which is depressed, gradually disappears, and is by degrees absorbed. For the operation, our author uses a couching needle and the hook of Pelletier. The first

should be very fine, in order to hurt the eye as little as possible; which will generally prevent the rising of the lens and the ulceration of the membranes. For the purpose of destroying at the same time the capsula and depressing the lens with easiness, Mr. S. makes use of a fine needle, moderately bent at the point, which is convex on the back and cutting at both sides, and has a groove on the concave side. During the operation the other eye must be covered. The operator is seated higher than the patient, and the needle is introduced with the convex part of the hook turned towards the body of the operator, at a distance of one line from the cornea, and somewhat under the transverse diameter of the pupil; the needle must at the same time be bent with the handle a little downwards, to make the point easier penetrate into the eye. Then the convex part of the needle is brought on the superior margin of the lens, which is pressed a little downwards, and the hook of the needle immediately conducted between the corpus ciliare and the lens crystallina. The point of the needle being directed behind, it is pushed into the anterior part of the lens, and by a circular motion the capsula is there to be destroyed and the lens to be immersed into the corpus vitreum. In this situation the needle is held, in order to remove any flakes that may appear in the pupil; after which the needle being turned, it is extracted in the opposite direction to which it was brought in. If the anterior part of the capsula remain, which often occasions a secondary cataract, the needle is retracted from the lens, but applied to the part in the same manner as before.

In the operation of the soft or caseous cataract, the rupture which is made in the capsule must exactly correspond with the opening of the pupil in its natural extension; the hardest pieces must be cut through with the point of the needle, and the rest must be brought into the anterior chamber, where it will go down and be gradually absorbed. If in the secondary cataract, pieces of the capsule should obstruct the pupil without adhering to it, they must all be brought into the anterior chamber, where they will be by degrees absorbed. If the capsule adheres to the iris, the adhesion may be separated with the needle and brought into the anterior chamber; but care must be taken, as much as possible, not to touch the iris. After the operation the eye is covered with soft and dry linen, and must not be exposed to light for three days.

In the *pupilla clausa*, which sometimes follows the ex-

traction and depression of the cataract, the author recommends to make an artificial pupil, a method which is founded on his opinion of the iris being a membrane different from the choroidea. The circumference of the iris is to be separated from the ligamentum ciliare without making an opening into the cornea, for which purpose a fine straight needle is to be introduced into the eye, at a distance of two lines from the cornea, and conducted on the superior margin of the iris which is turned towards the nose, where the ligamentum ciliare is perforated, and thus the iris is separated by pressing the needle downwards.

The artificial exulceration of the staphyloma is of no use at all, and should the staphyloma become prominent between the eyelids, it is much better to cut it away, by making a semicircular incision in the lower part, and afterwards seizing the section with a pair of pincers, and then finishing the cut. A part of the iris is generally cut away, when the lens and corpus vitreum fall out. On the fourth day an inflammation supervenes; the ensuing suppuration is to be promoted by emollient cataplasmas, and the patient is supplied with an artificial eye. The imperfect fresh amaurosis, particularly the periodical, arises frequently, per consensum, from the stomach and primæ viæ, against which the cure must be directed. The topical application of the vapours of ammonia is at the same time of service.

Account of Diseases in an Eastern District of London, from October 20, to November 20, 1803.

ACUTE DISEASES.

Pneumonia	3
Typhus Mitior	5
Cholera	12
Dysenteria	6
Hæmorrhagia Intestinalis	1
Rheumatismus Acutus	5

CHRONIC DISEASES.

Tussis	10
Tussis cum Dyspnœa	12
Phthisis Pulmonalis	3
Hydrothorax	4
Ascites	2
Anasarca	4
Gastrodynia	5
Enterodynia	10
Diarrhœa	14
Dysuria	3
Menorrhagia	2
Amenorrhœa	5
Cephalalgia	7
Vertigo	3
Epilepsia	2
Hemiplegia	1
Herpes	1
Rheumatismus Chronicus	18

PUERPERAL DISEASES.

Ephemera	6
Menorrhagia Lochialis	4
Mastodynia	3

Rhagas

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Rhagas Papillæ - - -	4	Ophthalmia - - - -	4
INFANTILE DISEASES.		Dentitio - - - - - -	3
Aphthæ - - - - - -	7	Convulsio - - - - - -	2

The state of diseases during the last few weeks, does not afford an opportunity for any particular observations; it is sufficient to say, that it has been very similar to that which was included in the last Report. Complaints of the stomach and bowels have been very frequent, and have, as in former cases, been much connected with other morbid affections of the system.

CRITICAL ANALYSIS

OF THE

RECENT PUBLICATIONS

ON THE

DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

The Elements of Physiology; containing an Explanation of the Functions of the Human Body, in which the modern Improvements in Chemistry, Galvanism, and other Sciences, are applied to explain the Actions of the Animal Economy. Translated from the French of A. RICHERAND, *by* ROBERT KERRISON, *Member of the Royal College of Surgeons, London.* Octavo, pp. 464. London, 1803.

A want of some Elementary Treatise on Physiology, taking up the subject where the illustrious Haller has left it, seems to be pretty generally felt; but however alluring to those inclined to take up the pen, such a compendium may appear, the profound research and exhaustive learning of a Haller are easier to be admired than imitated.

The author of the work before us has, however, undertaken the task of imitation, and the present publication is designed as the *Primæ Lineæ* of Physiology, as it now appears.

To do the author justice, he speaks with becoming modesty of his task, when put in comparison with that of his great predecessor; and the Preface to the work before us, is adapted to bespeak the candour and good-will of his readers. Indeed, he appears to consider the nature of his task in somewhat of a different manner to that of the great author of the Elementa Physiologiæ, who declares, " Quando vero ad hunc librum scribendum accessi,

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dudum in physiologicis laboribus majorem vitæ meæ partem posueram. Neque ergo ignarus adveni magni quod mihi imponebam oneris; felix, si perinde gerendo suffecero." Let us hear what our author says.

"If it should be objected that the enterprize I have undertaken is greater than becomes a person of my age, I shall answer, at the risk of maintaining a paradox, that young men are, perhaps, the most proper for the compilation of elementary works, because their memory retains with more correctness the difficulties they had met with in prosecuting the study, the tracks they had followed to surmount them, and a recent experience makes them acquainted with the defects and advantages of different methods; so that he who in the shortest space of time has acquired the greatest stock of solid information, will be, in many respects, the most able to direct his successors in the thorny paths of instruction and knowledge."

If the composition of an elementary treatise be little more than an affair of memory, if it be only to abridge the lectures of some one favourite teacher, to arrange the contents of a few approved class books, or to attempt to methodize the crude ideas of juvenile disputants, then indeed a young student, a very tyro, possessed of a greater share than usual of sense and industry, may be pronounced competent to initiate his juniors into the intricate paths of science.

It is rather remarkable that, in the present instance, the author really does not do himself justice in this respect, for, though in the execution of his task it is easy to observe that the number of authorities which he has consulted is not very great, yet the work is upon the whole very well executed, full of the necessary information, and not abounding with frivolous or irrevelant matter; so that the author must both have had very good teachers, and must have profited largely from the advantages of education.

In the introductory chapter, which is but confusedly drawn up, the author attempts to explain the animal functions at large, and their general regulating laws. The vital power (which he defines happily enough by a common French expression, the *tout ensemble* of laws that influence the animal economy) he branches out into the two principles of *sensibility* and *contractility*, to which he annexes *caloricity*, or the power in the living body to maintain an equilibrium of temperature. Nothing worthy of remark occurs here, except that the author attempts to prove a *latent* or *imperceptible* sensibility in organs non-sentient in their natural state.

A page or two suffices to discuss the difficult question of the theory of inflammation.

This is his definition, "Inflammation, in my opinion, may be defined, *an augmentation of all the vital powers of that part which is the seat of it.* Sensibility there becomes more lively, mobility greater; and from this increase of sensibility and motion arise all the symptoms that denote the inflammatory state: thus pain, swelling, redness,

ness, heat, and the change of secretions, indicate a more energetic and active life in the inflamed part."

To this the following very singular observation is added, "Is not the swelling of an inflamed part induced by the same mechanism as that belonging to parts susceptible of erection, as the *corpora cavernosa* of the penis and clitoris, the nipple, the iris, &c.? In erection of the penis, as in inflammation, there is irritation, afflux of humours to the part, increase of sensibility and motion: yet it is not a state of inflammation. Nature has so disposed the organization of these parts as to permit them, with impunity, to experience this sudden augmentation of vital energy, necessary for the execution of those functions for which the organs they belong to are destined; and like inflammation, these swellings subside when the irritating cause ceases to act."

We may call this a singular illustration and confusion of ideas, for by acknowledging that this local influx of humours is not inflammation, but a very different thing, the hinge on which the similitude hung is at once snapped asunder.

He proceeds to elucidate his arrangement. We need not explain it to our readers, it is sufficiently clear for all useful purposes; for indeed the leading divisions of physiology fall so naturally into classification, that for the mere purpose of methodizing instruction to the beginner, who must go through the whole sooner or later, nice arrangement is but of small importance.

A description of the system of the great sympathetic nerves is added, as forming a nervous system in some degree distinct from the cerebral nerves, and peculiarly intended to give motion and vitality to the internal, assimilating, and digestive functions. This is a very useful view of the subject, and happily introduced here.

To proceed to the body of the work before us, in which however we shall only pause on the parts which appear to require or to merit notice; for the Elements of Physiology are not proper subjects for our Analysis.

The first chapter contains the function of digestion, which is treated in a very perspicuous manner, and the author shews his good sense in confining himself chiefly to matter of fact. The following will give a specimen of the execution of the work:

"It is in the stomach that the mechanism of digestion is principally effected: it has always been considered the most important organ. The aliment received into its cavity becomes more fluid, undergoes a great alteration, and is converted into a soft homogeneous paste, known by the name of chyme. What are the means that induce this change? or, in other words, what is digestion in the stomach?

"It would be useless to recapitulate the hypotheses successively formed to explain digestion; they may be reduced to *coction*, *fermentation*, *trituration*, *putrefaction*, and *maceration* of the food received into the cavity of the stomach. Physiologists are generally agreed at present, in considering digestion in the stomach as a solu- tion

tion of the aliment by the gastric juice. This liquid, copiously poured on the internal surface of the stomach when this viscus is irritated by the presence of food, is the production of arterial exhalation; it is neither acid nor alkali, and seems to be of a nature nearly analogous to saliva; the gastric juice, possessing great properties of solution, penetrates into the alimentary matter on all sides, separates and divides its particles, combines with it, changes its composition, and impresses qualities very different from those it possessed before this mixture. In fact, if a mouthful of wine or food be returned from the stomach some minutes after it has been received, the odour, taste, and all the qualities, both physical and chemical, of these substances, are so altered, that we can with difficulty distinguish them; and vinous liquors, more or less acid, are no longer susceptible of spirituous fermentation. The energy of the power of the gastric juice, perhaps exaggerated by some physiologists, is sufficient to reduce to a soft mass the hardest bones, on which certain animals subsist: it is very probable that its chemical composition is different and variable, and that it is acid, alkaline, or saponaceous, according to the nature of the aliment. Although gastric juice is the most powerful agent of digestion in the stomach, its dissolvent power has need of assistance from the action of several secondary causes, as heat, which seems to augment and concentrate itself in the epigastric region. So long as the exertion of the stomach continues, there is a sort of intestine fermentation, which should not be, in the full sense, compared to the motion by which fermentative and putrescent substances are decomposed; there is also a moderate and peristaltic motion of the muscular fibres of the stomach, which press the aliment on all sides, and perform a slight trituration, while the gastric moisture softens and macerates the food before it is dissolved; it may then be affirmed that the process of digestion is, at the same time, chemical, vital, and mechanical: the authors, therefore, of various theories to explain this function have erred by attributing to one cause only, as heat, fermentation, putrefaction, trituration, maceration, and the gastric juice, that which is the aggregate result of all those causes united."

At the conclusion of this chapter a due degree of attention is paid to the chemical analysis of urine, as it is an excretion which on many accounts peculiarly merits the notice of the chemist, and has actually engaged it to very great advantage. It is particularly in the animal chemistry that we may look for the most copious additions to Haller.

Absorption is the subject of the second chapter. The author properly throws some doubts on aqueous absorption from the skin in common circumstances, a question still to be determined by future observation. Somewhat more might have been said on the anatomical distribution of these vessels, and on the assistance which pathology gives in explaining their functions.

The circulation of the blood is treated of in the third chapter. Scarcely any thing occurs here not to be found in Haller, and some interesting

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interesting points of view are omitted. The effect of pressure, the resource offered by the anastomosing branches on interruption of the principal trunks, and some other physiological facts of great interest, might have been introduced with great propriety; but, neither here, nor in the other parts of the work, can we discern the hand of a master, but only of one who performs well within prescribed limits, but does not venture beyond them.

[To be continued.]

The Rules of the extended Medical Institution for the Benefit of the Sick and Drooping Poor, with an Explanation of its peculiar Design, and various necessary Instructions. By THOMAS BEDDOES, M. D. pp. 78. Bristol, 1803.

IF this little tract were drawn up by a common hand, and contained only the usual rules and regulations of a charitable institution, we should not have introduced it into our Retrospect; but there is something so truly original in every thing that comes from the pen of Dr. Beddoes as always to fix the attention, at least, of his readers, and not seldom to ensure their warm approbation. It is particularly in large and extended views of the objects of his profession that the author exhibits his talent for deep observation, and nice insight into the characters of different ranks of society;—as a guardian of public health his abilities appear eminently conspicuous.

The purpose of this Institution is singular, it is for the prevention of some of the most widely wasting diseases to which the inhabitants of this country, particularly the hard working, needy, and suffering part of the community are exposed, partly by the pressure of always urgent necessity, partly by prejudice and ignorance in subjects connected with the preservation of health, partly by their own folly, thoughtlessness, and vice, and very largely by the bitter inheritance of the seeds of disease, commonly the only inheritance derived from their progenitors. The purpose of the institution is thus explained by the author.

"Now, then, in what does it consist?—If I am to answer generally, I should say it is—in proposing to check the canker of disease as soon as it fastens on the frame, and to root it out:—the moment any one seems, before his season, inclining towards the grave, to stretch out a helping hand, rear him upright, and set him firmly upon his footing again—Do I speak plainly enough, or shall I add, that it is our purpose to preserve those that suppose themselves only a trifle out of sorts, but are really falling into some deadly disorder,—to fill the feeble with strength to go through the business of their station—to give those, whose weakly childhood marks them out as likely to be cut off in youth, a fair chance for a long and healthy life—in fine, not only to stop short the course of some maladies, but to render the constitution less accessible to them, and to stir up in fathers and mothers an universal spirit of watchfulness over the condition of their tender offspring."

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A most forcible appeal is made to the feelings, and, above all, to the common sense, of those to whom this is addressed, by strong portraits of these diseases. We shall present some of these to our readers, not to add to *their* information, but as specimens of this kind of graphical painting.

"Consumption, then, has the harrowing chills and scorching heats of fevers in general. It has the drenching and draining sweats of ague in particular. It has the insupportable languor of various slow disorders. It has the oppression of asthma; indeed, a worse oppression still, since it often grows stronger and stronger, up to actual drowning by inches, or suffocation from matter which there is not strength to bring up. Belonging to the advanced stage of the disease, there is a scene which I have sometimes witnessed, and which I doubt not but others have witnessed also. It is, when the consumptive expire under increasing shortness of breath. They have a sort of agony that will last for hours and even for days with some intermissions. The sufferer gasps; at times he snaps convulsively at the air; and calls, with dismal shrieks, upon the bystanders for Breath! Breath!

"Besides this, there is the violent cough, producing frequent retchings, and even the throwing up of almost every meal for days together. Should the patient at first feel no pains about his chest, he is seldom so lucky as to get into the grave without being visited by them severely,—and by pains elsewhere too. What is most miserable is, that these distresses commonly go on increasing with the inability to bear them. New evils spring up from time to time. Think to what a pitch wretchedness must have risen, when the galled state of the skin renders it almost impossible to find a posture for reposing the weary limbs. After a long siege has been laid to life, attempts are made to seize it by storm. Sudden conflicts arise, and severe conflicts they prove. The first are got over perhaps, though with difficulty. The pitying friends congratulate themselves. But how can one join in their joy, when the struggle is still to be gone over again; and yield at last? I say nothing of the outward change—how the features shrink—the nose sharpens—the eyes grow hollow—the cheek bones project, till we have a living death's head just covered with skin; and one of the most lovely, perhaps, is changed into one of the most pitiable objects the eye of man can behold.

"For it is by no means here as in many other complaints, of which we say—He has youth on his side, and it is odds but he gets over it. In the present case youth is no sort of advantage. Who indeed is ignorant that this dire disorder is most apt to come like a blight over the spring of life? And who can contradict the melancholy observation of the poet?

"Sad Beauty's form foul Scrophula surrounds
With bones distorted and putrescent wounds;
And, fell Consumption, thy unerring dart
Wets its broad wing in Youth's reluctant heart.

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"You are, I hope, beginning by this time to conceiv[e wh]at sort of a complaint it is, which I would fain show you in something like its true colours. Very different no doubt it must be from what you had imagined, if you have only passed some poor [sickl]e female, basking like a withered lilly in the sun, and have not [us]ed to hold her head as she strains with coughing, or to watch an night by the side of her reeking bed."

Still the reader may not be aware of the precise object of this institution, nor of the method in which the physician is to set about fulfilling its duties. Of this the author gives some farther explanation.

"Upon examining a particular child, it has occurred to me, many scores of times, to ask the parent: Have you any more children? "Yes." I am sure, from what I see about this child, that the rest cannot be healthy. "They none of them complain." Be so good as bring them however such a day. I particularly wish to examine them, and satisfy myself.

"In consequence of this conversation the children are brought. I single out one among the number, and finding various distinct marks of indisposition about him, I enquire: Can you possibly consider this child as in a proper state of health? The parent says again, as he did at first: "I do not hear him complain; and he eats heartily enough; but his meat does not seem to do him any good. He has been getting thinner and weaker these some months." That is speaking to the purpose. Can you suppose a child is as h[e] ought to be, when his food does him no good, and he gets thinner and weaker? I could add several other reasons, if they were such as you could properly understand. But I suppose you will be satisfied if I promise to give him something that shall cause his food to do him good, and make him fuller of flesh and stronger. You must do your part: give him the medicine regularly, and feed him in the best way you can."

Of the fortune or success of such an institution more than doubts will be entertained by many of those who have had the most experience in these subjects; but the efforts of enlightened physicians to improve the health, comforts, and with them the morals of the lower classes of the people survive the fate of individual establishments, and are seldom lost upon that part of society, whose good opinion is the most to be valued and cherished.

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MEDICAL AND PHYSICAL

INTELLIGENCE.

A Letter from Mess. Paul and Harfield to the Editors, dated Villiers Street, Strand, Nov. 10, 1803, contains the following Information.

ON ARTIFICAL CHELTENHAM WATER.

Since the publication of the "Reports on the Preparation of Artificial Mineral Waters," which were circulated at the opening of our manufactory in the spring of 1802, we have had the satisfaction to see our new establishment patronized, in the first instance, by the most eminent men in the several departments of medical science, and soon afterwards greatly encouraged by an enlightened public. During this space of time, several hints have been given to us, and various improvements have been suggested in the preparation of mineral waters by medical men of science and respectability, which have enabled us in some instances to extend still farther this class of remedies.

As it is our intention, at some future period, to give the public a full account of these improvements, we shall not at present enter into any particulars respecting them. But as there is one, which has already undergone a sufficient trial to enable us to speak with some confidence of its utility, we beg leave to submit it immediately to the consideration of the faculty.

Some sort of artificial mineral water, uniting under a pleasant form the tonic qualities of a chalybeate with those of a laxative medicine (such as is met with in the Cheltenham water) has long been sought for as a valuable acquisition. Natural waters of this kind not admitting of being transported without losing some of their properties, owing chiefly to a loss of gas, and a precipitation of iron, various substitutes have been proposed; the most effectual of which consists in preparing, in the form of a powder, the solid ingredients of the spring, and dissolving them in water at the moment of their being used. But it is obvious that in this imitation, useful as it may be, the medicine is deprived of its gaseous acid, which serves to dissolve and suspend the iron, and contributes greatly to render this combination effectual as well as palatable.

These advantages we flatter ourselves to have fully obtained, by combining together those two kinds of water, which are mentioned in our reports under the names of *Seidlitz* and *Spa*, so as to impregnate by means of our particular processes each pint of water with the following ingredients:

Carbonic acid, 5 times its volume.
Carbonate of iron, 1 grain.
Magnesia vitriolata, 6 drachms.

This water, we are authorised to say, has been found upon trial to be remarkably pleasant, and has appeared beneficial in the hands of some eminent physicians in cases in which Cheltenham waters would have been deemed adviseable. This mode of impregnation,